

# People plan

## Organisation-level

**NHS**

East Kent  
Hospitals University  
NHS Foundation Trust



# Introduction

- Location: Trust-wide
- Service: A large hospital Trust, with five hospitals & a number of community clinics
- Provide some specialist services for a wider population (*i.e.* renal / cardiac)
- Acute provider with multiple adjacencies across the Integrated Care System (ICS)
- Workforce: Staff headcount of 10,170 and WTE of 9,266

A photograph of three healthcare professionals in blue scrubs. A woman on the left is laughing. A man in the center is smiling and looking down at a clipboard. A woman on the right is smiling and holding a tablet. The background is a bright, modern hospital corridor.

# Current performance

# Current performance

Values	
Recommend the Trust as a place to work	43%
Recommend the Trust as a place to be treated	45%
Care is the organisation's top priority	61%
Colleagues are understanding and kind to one another	65%
Colleagues are polite and treat each other with respect	66%

Voice	
NHS Staff Survey and NQPS response rate(s)	41%
Annual measure of 'We each have a voice that counts' from NHS Staff Survey	6.2/10
Sub-theme measure of 'Autonomy and Control' from NHS Staff Survey	6.6/10
Sub-theme measure of 'Raising Concerns' from NHS Staff Survey	5.8/10
Involvement sub-domain of staff engagement	6.4/10
Feel organisation would address any concerns I raised	37%

Leadership	
Annual measure of 'Compassionate & Inclusive' from NHS Staff Survey	6.9/10
Compassionate leadership sub-promise from NHS Staff Survey	6.8/10
Motivation sub-domain of staff engagement from NHS Staff Survey	6.8/10
Involvement sub-domain of staff engagement from NHS Staff Survey	6.4/10
Advocacy sub-domain of staff engagement from NHS Staff Survey	5.7/10

# Our People



Staff Engagement

Trust score:



Turnover

Trust score:



Net promoter score

Trust score:



Wellbeing index

Trust score:



Premature turnover

Trust score:



New starter index

Trust score:



Sickness

Trust score:



Vacancy rate

Trust score:



Appraisal compliance

Trust score:



Bullying and harassment

Trust score:



Patient experience

Trust score:



Financial performance

Trust score:

A horizontal banner with a dark red background and a white, brush-stroke-like edge on the right side. It contains the word 'SPOR T' in large white letters, where the 'O' is significantly larger than the other letters. Below each letter is a smaller word: 'Success' under 'S', 'Priorities' under 'P', 'Opportunities' under 'O', 'Risks and' under 'R', and 'Threats' under 'T'.

**S**uccess **P**riorities **O**pportunities **R**isks and **T**hreats

## Successes

- Identification as a Board-level priority & associated focus
- Active sponsorship from EMT of values refresh
- Improvement in compassionate leadership score
- Access to industry-leading sophisticated people analytics tools
- Ability to track and monitor progress against people metrics in real-time

## Priorities

- Trust-wide 'voice that counts' programme that centres around our values, voice & leadership

*Discrete focus across c.6m leading into next NSS cycle.*

*Longer term proposal to review and redevelop a new People Strategy*

## Opportunities

- Large-scale resource intense engagement programme of listening, engagement and action around values, voice & leadership

*Desired outcomes*

- Detailed understanding of how people feel
- Staff feel proud to work here
- Staff feel proud to recommend the Trust

## Risks and Threats

- Other competing priorities (finance / operational / performance) take precedent
- System shocks (*i.e.* consultation, workforce reduction, financial measures)
- Lack of senior leadership engagement across varying levels
- Not following up on feedback and closing the loop on staff voice
- Cynicism amongst staff following repeated programmes of work that feel 'similar'

A photograph of three healthcare professionals in blue scrubs. A woman on the left is laughing. A man in the center is smiling and writing on a clipboard. A woman on the right is smiling and holding a tablet. The background is a bright, modern hospital setting with large windows.

# Milestone plan







A photograph of three healthcare professionals in blue scrubs. A woman on the left is laughing. A man in the center is smiling and looking down at a pen in his hand. A woman on the right is smiling broadly while holding a tablet. The background is a bright, out-of-focus hospital corridor.

# Highlight reporting

Monthly Achievements

Empty rounded rectangular box for recording monthly achievements.

Empty rounded rectangular box for recording monthly achievements.

Targets next month

Empty rounded rectangular box for recording targets for next month.

Empty rounded rectangular box for recording targets for next month.

## Risks and Mitigations

Escalation to People and Culture Senior team	Owner	Risk Description	Mitigating Actions	Risk RAG (post mitigations)

DRAFT

### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** PERINATAL QUALITY SURVEILLANCE TOOL (PQST) REPORT

**Meeting date:** 4 APRIL 2024

**Board sponsor:** CHIEF NURSING & MIDWIFERY OFFICER (CNMO)

**Paper Author:** DEPUTY DIRECTOR OF MIDWIFERY & INTERIM HEAD OF GOVERNANCE

#### Appendices:

NONE

#### Executive summary:

<b>Action required:</b>	<b>Information, Assurance</b>
<b>Purpose of the Report:</b>	<p>The purpose of this report is:</p> <ul style="list-style-type: none"> <li>• To update the Board of Directors on East Kent Maternity's services are aligned to the key elements included within the perinatal and assurance framework as defined by NHS England (NHSE).</li> <li>• This is in accordance with the standards set out in NHS Resolutions (NHSR) Maternity Incentive Scheme, Safety Action 9, which aims to continue to support the safer maternity and Ockenden report recommendations.</li> <li>• Provide assurance that the service is using the tool and reporting to the required standard set out in the NHS implementing a Revised Perinatal Quality Surveillance Model Report December 2020, NHS resolution Clinical Negligence Scheme for trusts (CNST) Maternity Incentive Scheme year 4 - Safety Action nine and Ockenden 1 Report Immediate and Essential Actions.</li> </ul>
<b>Summary of key issues:</b>	<p><b>PQST and Maternity Dashboard Summary</b></p> <ul style="list-style-type: none"> <li>• There were four moderate incidents reported for maternity two at William Harvey Hospital (WHH) and two at Queen Elizabeth the Queen Mother Hospital (QEQM). To note the two reported moderates at QEQM were fractures sustained at during a spontaneous vaginal birth. Escalated to Serious Incident Declaration Panel (SIDP), Deep Dive into Birth injuries over the past six months requested.</li> <li>• Zero Serious incidents (SIs) reported for maternity in February Supernumerary status compliance reported at 100% at WHH, 100% at QEQM.</li> <li>• Compliance of 1:1 in Labour was reported as 100% QEQM 100% at WHH.</li> </ul>

- Level 3 Safeguarding compliance as of the end of February is at 87.9% an increase for January.
- Child protection level 3 compliance as of the end of February 93.9% an Increase from January.
- Avoiding Term Admissions into Neonatal Units (ATAIN) 4.2% with the main contributing reason identified as respiratory.
- New co-produced maternity infographic shared on social media platforms which has received positive feedback.

### **Patient Experience**

- February saw a slight decrease in the response rate of 11.4% (January 11.7%) There were 210 responses. 89.5% of families who response describing care as very good or good.
- Response rate Key Performance Indicators (KPIs) - 70%. The service achieved a response rate of 71.8% (the team spoke to 278 families) this is a slight decrease to last month which was 73.5% response rate.
- Of the families that responded in February 90% said that they would return to East Kent for their Maternity Care. This is an increase from January which was 88.7%.
- Of the comments in general 82.2% were positive, (increase from last month 79.3%) 12.6% were a mixture of positive and negative (increase from last month 11.7%) and 5.2% were negative (a decrease from the last month 9%)

### **Training and Education**

- Training compliance was met across all applicable maternity staff groups for fetal monitoring. It should be celebrated that after excluding maternity leave and sickness the stretch target of  $\geq 95\%$  for Saving Babies Lives version 2 is being met.
  - Training compliance for Practical Obstetric Multi-Professional Training (PROMPT) for midwives, support workers and obstetric consultants was  $\geq 95\%$ .
  - Other obstetric doctors are at 85.7%. The forecast demonstrates an increase to 100% for this staff group by the end of March 2024, excluding maternity leave and long-term sickness.
  - Anaesthetic compliance for anaesthetic consultants is at 88.1% with a forecast to achieve 97.6% by the end of March 2024.
  - Anaesthetic doctors' compliance for PROMPT is now 92.3% with a forecast to achieve 97.4% by the end of March 2024.
- Newborn Life Support (NLS) compliance has been achieved across all staff groups with the exception of obstetric doctors, which as of the 5 March 2024 demonstrates 82.1%, as of the end of March this compliance will increase to 96.4% excluding maternity leave and long-term sickness.

### **Escalation of Concerns**

- Letter of concern received from Maternity and Newborn Safety Investigations (MNSI) on the 16/02/2024. This related to a baby born requiring admission to Neonatal Unit (NNU) and diagnosed with Hypoxic-ischaemic encephalopathy (HIE). Areas of concern outlined.

## 24/13.1 – APPENDIX 1

	<p>There was no awareness of the outcome of the Mother’s previous pregnancy or the Healthcare Safety Investigation Branch (HSIB) investigation and opportunities for learning that were identified. There is no embedded system in place to ensure that a full review of a mother’s medical record, including any previous obstetric history occurs during the antenatal period.</p> <p>- Concerns regarding escalated in regard to vacancy rate in Community and at WHH.</p> <p>Incentive paper escalated and approved.</p>
<b>Key recommendations:</b>	The Board of Directors is asked to <b>NOTE</b> the content within the maternity dashboard.

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	<p>CRR 77: Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services.</p> <p>CRR 122: There is a risk that midwifery staffing levels are inadequate.</p>
<b>Resource:</b>	No
<b>Legal and regulatory:</b>	<p>Yes</p> <p>Clinical Negligence Scheme for Trusts (CNST)</p> <p>NHS Long Term Plan-standard contract</p>
<b>Subsidiary:</b>	No

### Assurance route:

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)



**East Kent Hospitals Perinatal Quality Surveillance February 2024**

<b>Month:</b> July 2023	<b>East Kent Hospitals Hospital NHS Trust Perinatal Quality Surveillance Reporting</b>																														
CQC Maternity Ratings WHH	<b>Overall</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Well-led</b>	<b>Responsive</b>																									
	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate																									
CQC Maternity Ratings QEQM	<b>Overall</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Well-led</b>	<b>Responsive</b>																									
	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Good																									
Maternity Safety Support Programme	Yes			Support Lead: Mai Buckley																											
Findings of review of cases eligible for referral to MNSI																															
The number of incidents logged graded as moderate or above and what actions are being taken.	<p>There were 4 reported harm incidents during February</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th>Site</th> <th>Location</th> <th>Category</th> <th>Subcategory</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>QEQM</td> <td>Kingsgate ward (maternity)</td> <td>Women's Health - unexpected problem/outcome for baby</td> <td>Birth injury to baby</td> <td>C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)</td> </tr> <tr> <td>QEQM</td> <td>Kingsgate ward (maternity)</td> <td>Women's Health - unexpected problem/outcome for baby</td> <td>Birth injury to baby</td> <td>C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)</td> </tr> <tr> <td>WHH</td> <td>Labour Ward / Delivery suite</td> <td>Operations / Procedures</td> <td>Complication during operation / procedure</td> <td>C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)</td> </tr> <tr> <td>WHH</td> <td>Labour Ward / Delivery suite</td> <td>Women's Health – Obstetric complication</td> <td>3<sup>rd</sup> of 4<sup>th</sup> degree perineal trauma</td> <td>C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)</td> </tr> </tbody> </table> <p>There were 0 serious incidents</p>						Site	Location	Category	Subcategory	Outcome	QEQM	Kingsgate ward (maternity)	Women's Health - unexpected problem/outcome for baby	Birth injury to baby	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)	QEQM	Kingsgate ward (maternity)	Women's Health - unexpected problem/outcome for baby	Birth injury to baby	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)	WHH	Labour Ward / Delivery suite	Operations / Procedures	Complication during operation / procedure	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)	WHH	Labour Ward / Delivery suite	Women's Health – Obstetric complication	3 <sup>rd</sup> of 4 <sup>th</sup> degree perineal trauma	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)
Site	Location	Category	Subcategory	Outcome																											
QEQM	Kingsgate ward (maternity)	Women's Health - unexpected problem/outcome for baby	Birth injury to baby	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)																											
QEQM	Kingsgate ward (maternity)	Women's Health - unexpected problem/outcome for baby	Birth injury to baby	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)																											
WHH	Labour Ward / Delivery suite	Operations / Procedures	Complication during operation / procedure	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)																											
WHH	Labour Ward / Delivery suite	Women's Health – Obstetric complication	3 <sup>rd</sup> of 4 <sup>th</sup> degree perineal trauma	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)																											

24/13.1 – APPENDIX 1

Themes from reviews of perinatal deaths

100% of perinatal mortality reviews include an external reviewer

**Themes**

Quoracy – 100% membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Chair – PMRT Lead Midwife	N/A	1										
Deputy Chair – PMRT Lead Consultant	N/A	1										
Administrator	N/A	1										
Obstetrician	N/A	3										
Midwife x 2	N/A	2										
Neonatologist x 2 (for NND)	N/A	2										
Neonatal Nurse x 2 (for NND)	N/A	2										
Bereavement Midwife	N/A	2										
Governance Midwife	N/A	2										
Patient Safety champion	N/A	1										
Managers	N/A	1										
External panel member	N/A	2										

**Meeting Escalations**

1.	Message of the week already sent regarding LLETZ procedures. Message of the week to be sent on 04/03/24 to remind clinicians to take a Keilhauer test following delivery for all bereaved mothers. Safety thread awaiting approval for the recognition of threatened and active pre-term labour. This is to include a MDT meeting and discussions around PREM-7 foetal optimisation.
2.	Junior Doctor strikes during Jan PMRT, therefore, two PMRT meetings in February. 05/02/24 and 21/02/24
3.	Relationships have been built with external trusts. Ashford and St Peters and SASH are happy to support with both external neonatal consultant, and obstetric consultants for panel review.

What's Gone Well	Cases reported in February	Case discussed on 7/02/24 and 21/02/24 PMRT Review
<p>Actions have been uploaded to datix along with the PMRT reports. This is ensuring Actions are followed and then the datix can be closed.</p> <p>'Baby loss' order set for bloods and swabs has been submitted for approval. Awaiting an outcome, but it looks positive! Although, still awaiting feedback!</p> <p>PMRT reports include all parents' perspectives and they are given at least 2 opportunities to discuss care and give perspectives.</p> <p>All Families are receiving home visits to discuss and hand over published PMRT reports</p>	<p>12/02/24 MTOP for congenital abnormality at 23+6. Reported and surveillance completed. Not eligible for PMRT review.</p> <p>22/02/24 NND at 3 DOL on NICU, this is an out of area lady.</p>	<p><b>2 NND cases carried over to PMRT meeting in February.</b></p> <p><b>The PMRT panel highlighted the importance of foetal optimisation (Prem 7 passport) during admission. There was a delay in recognising labour. Also, a delay in MROP due to a busy theatre. This decreased the time the mother had with her baby on NICU.</b></p> <p><b>NND following spontaneous delivery after abruption (admitted via ambulance in labour). Baby was resuscitated however the outcome was very poor due to extreme prematurity.</b></p> <p><b>During this review the importance of language was discussed. Especially when discussing 'TOP'. The baby's best interests must be upheld whilst also considering the parents' wishes.</b></p>

24/13.1 – APPENDIX 1

Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training.

Fetal Monitoring (all staff)

Role Type	Compliant	Total Staff	Compliance %
Midwife - Acute	204	223	91.5%
Midwife - Community	78	89	87.6%
Obstetric Consultant	33	33	100.0%
Obstetric Doctor	22	23	95.7%
<b>Total</b>	<b>337</b>	<b>368</b>	<b>91.6%</b>

Fetal Monitoring (excluding maternity & sick leave)

Role Type	Compliant	Total Staff	Compliance %
Midwife - Acute	195	200	97.5%
Midwife - Community	71	74	95.9%
Obstetric Consultant	33	33	100.0%
Obstetric Doctor	21	22	95.5%
<b>Total</b>	<b>320</b>	<b>329</b>	<b>97.3%</b>

PROMPT Training (all staff)

Role Type	Compliant	Total Staff	Compliance %
Anaesthetic Consultant	39	44	88.6%
Anaesthetic Doctor	36	40	90.0%
Maternity Support Worker	74	80	92.5%
Midwife - Acute	202	224	90.2%
Midwife - Community	90	100	90.0%
Obstetric Consultant	32	33	97.0%
Obstetric Doctor	24	29	82.8%
<b>Total</b>	<b>497</b>	<b>550</b>	<b>90.4%</b>

PROMPT Training (excluding maternity & sick leave)

Role Type	Compliant	Total Staff	Compliance %
Anaesthetic Consultant	38	42	90.5%
Anaesthetic Doctor	36	39	92.3%
Maternity Support Worker	71	72	98.6%
Midwife - Acute	193	201	96.0%
Midwife - Community	83	85	97.6%
Obstetric Consultant	32	33	97.0%
Obstetric Doctor	24	28	85.7%
<b>Total</b>	<b>477</b>	<b>500</b>	<b>95.4%</b>

NLS Training (all staff)

Role Type	Compliant	Total Staff	Compliance %
Maternity Support Worker	71	80	88.8%
Midwife - Acute	198	224	88.4%
Midwife - Community	91	100	91.0%
Obstetric Consultant	30	33	90.9%
Obstetric Doctor	23	29	79.3%
<b>Total</b>	<b>413</b>	<b>466</b>	<b>88.6%</b>

NLS Training (excluding maternity & sick leave)

Role Type	Compliant	Total Staff	Compliance %
Maternity Support Worker	69	72	95.8%
Midwife - Acute	190	201	94.5%
Midwife - Community	83	85	97.6%
Obstetric Consultant	30	33	90.9%
Obstetric Doctor	23	28	82.1%
<b>Total</b>	<b>395</b>	<b>419</b>	<b>94.3%</b>

Anaesthetic Action plan and training trajectory to meet compliance for CNST:

To ensure anaesthetic compliance with PROMPT a plan was put in place to ensure 90% compliance will be met by the end of March 2024. This included the addition of the anaesthetic consultants and doctors onto the maternity training dashboard. The data below demonstrates the trajectories for achieving ≥90% by the end of February and a sustained compliance by the end of March 2024. The data above demonstrates that we are on target to achieve ≥90% for both Anaesthetic Consultants and Anaesthetic doctors. The data for the Anaesthetic doctors indicates that we have now achieved compliance with 92.3% of this group compliant with attendance at PROMPT training. We can also see that the trajectory for the end of March data demonstrates compliance for PROMPT training for both Anaesthetic consultants and Anaesthetic doctors of ≥95% including and excluding maternity leave and long-term sick.

End of March 2024

(All Staff)

Forecast Month End Position				
Role Type	Compliant	Breaches	Total Staff	Compliance %
Anaesthetic Doctor	38	2	40	95.0%
Anaesthetic Consultant	42	2	44	95.5%
<b>Total</b>	<b>80</b>	<b>4</b>	<b>84</b>	<b>95.2%</b>

(Excluding Maternity & Sick Leave)

Forecast Month End Position				
Role Type	Compliant	Breaches	Total Staff	Compliance %
Anaesthetic Doctor	38	1	39	97.4%
Anaesthetic Consultant	41	1	42	97.6%
<b>Total</b>	<b>79</b>	<b>2</b>	<b>81</b>	<b>97.5%</b>

Challenges:

- There is an ongoing challenge with protected space for PROMPT training now that the acuity on the Midwifery Led Units is increasing. If 2 clinical rooms on each site are not protected for PROMPT the risk is that training will be cancelled, which will also impact on staffing as staff will need to be rebooked. The practice Development team will attend the Sit-rep meeting on Fridays when PROMPT training is running and ask the Sunday night manager on call to review bed space and allocate training rooms.
- The training for the MECU course was cancelled due to issues with finance and 3 courses are now available to the remaining staff. This will impact on the timeline for commencing Enhanced Maternal Care on the labour wards on both sites. The Education Matron is liaising with the course provider to ascertain if we can secure spaces on other training days delivered by the company.

24/13.1 – APPENDIX 1

Minimum safe staffing in maternity services to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively

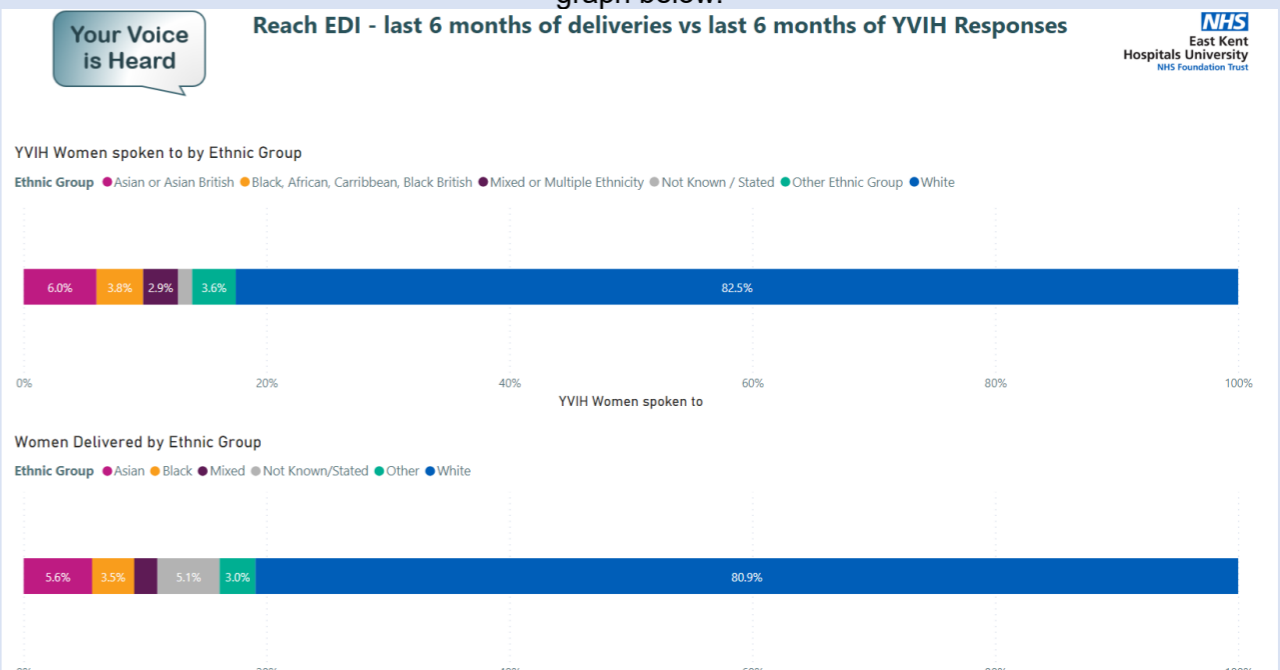
Supernumerary Status Maintained				1 to 1 care in labour			
Month	QEQM	WHH	Total	Delivery_Month	QEQM	WHH	Total
September 2023	100.0%	100.0%	100.0%	September 2023	100.0%	100.0%	100.0%
October 2023	100.0%	100.0%	100.0%	October 2023	100.0%	100.0%	100.0%
November 2023	100.0%	100.0%	100.0%	November 2023	100.0%	100.0%	100.0%
December 2023	100.0%	100.0%	100.0%	December 2023	100.0%	100.0%	100.0%
January 2024	100.0%	100.0%	100.0%	January 2024	100.0%	100.0%	100.0%
February 2024	100.0%	100.0%	100.0%	February 2024	100.0%	100.0%	100.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

FFT Feedback

Friends and Family (FFT) received 210 responses which is an overall 11.4% response rate

Domain	KPI	SPC	Thres.	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Patient Experience															
	FFT Maternity Response Rate		10.0%	12.9%	12.8%	14.9%	14.4%	15.4%	13.4%	11.5%	13.7%	16.1%	15.2%	14.1%	12.8%
	FFT Antenatal Recommended		90.0%	86.1%	87.7%	89.6%	81.6%	87.7%	87.3%	91.2%	92.0%	84.2%	80.3%	85.0%	92.8%
	FFT Delivery Recommended		90.0%	97.2%	97.7%	92.5%	98.0%	96.4%	90.9%	89.8%	98.3%	95.4%	88.1%	93.4%	98.1%
	FFT Postnatal Recommended		90.0%	91.4%	88.9%	89.8%	85.4%	88.2%	78.6%	88.6%	94.9%	87.9%	90.8%	93.0%	83.1%

FFT Main Themes (December data collated on the 5/3/2024)	Actions
<p>February saw a slight decrease in the response rate of 11.4% (January was 11.7%). There were 210 responses and 89.5% of families who responded are very good or good which is an decrease from last month which was 92.2%.</p> <p>143 comments were themed in February which resulted in</p> <p>124 codes- 85.5% of the code were positive which is an increase from last month of 80.7%.</p> <p>Of the comments in general 82.2% were positive, (increase from last month of 79.3%). 12.6% were a mixture of positive and negative (increase from last month 11.7%) and 5.2% were negative (a decrease from the last month 9%).</p> <p><b>39 Members of staff were mentioned positively</b></p> <p>The main theme this month was about Buildings and Facilities- majority of these are about the labour rooms and postnatal ward at QEQM and the small space or being too cold/hot.</p> <p>Please note that these figures may not account for service users who were sent FFT at the end of the month of February 2024 not all families respond straight away. FFT responses continue to come in throughout the following weeks/months after they have used the service and these will be reported on a rolling basis.</p>	<p>PEM feedback to staff on a regular basis via personalised email and update posters on the units/community offices and in the monthly newsletter.</p> <p>To feed back to the matrons and ward managers and staff mentioned emailed with comments and thanks</p> <p>At site there is some actions about PN care:</p> <ol style="list-style-type: none"> <li>1. There is now a PN steering groups which has led on from the discharge steering group to look at PN care</li> <li>2. Looking at NIPE rota for midwives to increase the NIPES and speed up discharges- all dependant on budgets.</li> <li>3. The units are both being redecorated this may help with the theme this month around the building and facilities</li> <li>4. November there has been a standards of care embedded at WHH PN ward where the is an expectation of what should happen at what time. At 11 o'clock as well there is a safety pause where concerns can be escalated to those in charge and also any issues with discharged can be discussed.</li> <li>5. There are now two Hubs on the wards- which are in 2 of the bays, this is to ensure and increase viability of the staff looking after the families in those bays.</li> <li>6. There is an increased theme about the suitability of the maternity rooms and wards at QEQM – we are aware if these issues.</li> </ol>

Service user feedback	Service User Feedback Themes	Actions
	<p><b>Your Voice is Heard – February 2024 Data ( Babies born 21<sup>st</sup> December 2023 -18<sup>th</sup> January 2024)</b></p> <p>Response rate KPI- 70%. The service achieved a response rate of 71.8% (the team spoke to 278 families) this is a slight decrease to last month which was 73.5% response rate.</p> <p>Of the families that responded in February 90% said that they would return to East Kent for their maternity care. This is an increase from January which was 88.7%.</p> <p>In February 4.4% of families said they were unsure if they would return to EKHUFT (↑3.9% in January) and 5.5% also said they would not return to EKHUFT for their care (↓6.7% in January). The reasons include:</p> <ul style="list-style-type: none"> <li>• Lack of Postnatal care and support in general</li> <li>• Understaffing on the labour ward</li> <li>• Not listening in labour</li> <li>• Mental health not listened to in hospital</li> <li>• Systems not talking to each other- lack of coordination</li> <li>• Conflicting advice</li> <li>• Equipment not available or broken in hospital</li> <li>• Lack of compassion and care on labour ward</li> <li>• Unclean hospital and infection control</li> <li>• Rude midwives on postnatal ward</li> <li>• Poor communication of staff on postnatal ward</li> <li>• Not listening about concerns</li> <li>• Continuity of consultants</li> <li>• Environment for induction of labours</li> <li>• Management of PPH</li> <li>• Care in antenatal period and lack of follow up</li> </ul> <p>Of the 278 conversations:</p> <ul style="list-style-type: none"> <li>• 90% (↑ from 84% in January)</li> <li>• 9% were neutral (↓ 13% in January)</li> <li>• 1% were negative (↓from 3% in January)</li> </ul> <p>65 personalised positive feedback emails sent to staff members in February</p> <p>91.9% were positive about Antenatal care (↑ from January 87.7%)            92.8% were positive about Intrapartum care (↑ from January 91.7%)            86.6% were positive about Postnatal care (↑ from January 85.3%)</p>	<p>In looking at the response rate for the community areas Bluebirds (Dover and Deal) and Thanet had the lowest response rate of 66.7%. The response rates seem to vary month to month. This could suggest that the patient experience midwives need to focus on going out in these areas to gather feedback to ensure these voices are heard when the acuity allows.</p> <p>In looking at the IMD the lowest response rate this month has been significant at 51.35%. There does seem to be a pattern of Level 1 being in the top 3 of lowest responses but the higher levels seem to fluctuate in their response rate. In terms of number of families there are more in the lowest IMD bracket that have not responded and so that should also be an area where the patient experience midwives go to gather feedback.</p> <p>In examining the ethnicity response rate we have a good response rate from the global majority groups and is a good representation of our families which deliver with EKHUFT as show in the graph below.</p>  <p>There are more of some ethnic groups than we deliver at the PEM team ask our families what their ethnicity if it states unknown of the call log we get sent. The PEM team would like to go and talk to specific areas in the community for the Global majority groups as they may find it hard to get their voices heard still as it is seen that some of those from the Global majority groups gives less feedback (are on the phone less) even when using a translator than those who are white British.</p> <p>Unfortunately, the team are unable to do this as present due to working capacity and 1 FT patient experience midwife being on maternity leave- due to return in April 2024.</p>
	<p>The theming is unfortunately not complete due to capacity of the team at present. In April the second patient experience midwife will be back in post and the team will have more capacity. In looking at the top 6 Main themes are:</p> <p>In general it has been a more positive month and initial findings have found that most themes are similar to the last month however access to services has shown to be a positive increase to more families finding that they have more access to the MLU/waterbirths showing the impact of opening the singleton unit has helped decrease this negative theme. Homebirths have also seen an increase in availability. Staff attitude has also improved this month.</p>	

	<p>Guest Question about intended chosen place of birth.</p> <p>Of the families we asked 83% of families gave birth in their intended chosen place of birth. Of those families that said they did not (45 families) 22% was due to personal choice, 56% was due to a clinical reason and 22% was due to the service not being available.</p> <p>This question will be continued next month as well to see if there is a trend or not.</p>																																														
MVP Feedback	<table border="1"> <tr> <th data-bbox="668 459 1785 533">Maternity Voice Partnership feedback</th> <th data-bbox="1785 459 2948 533">Actions</th> </tr> <tr> <td data-bbox="668 533 1785 803"> <p>Walk the Patch WHH done by the Lead MNVP and Patient Experience on 27<sup>th</sup> February 2024 was not completed due to there being the accreditation and many staff and patients being questioned about their experience by another team. We felt that this was too much to ask as well as the others and so was left for this month. We shall do see QEQM in the 15 steps which is to occur next month.</p> <p>The new infographic for the birth stats have been coproduced with the MNVP with a more detailed slide to come out next month to pair with the one this month.</p> </td> <td data-bbox="1785 533 2948 803"></td> </tr> <tr> <th data-bbox="668 803 1785 921">Any other Feedback acquired (Emails, Facebook, BAT, Tendable etc)</th> <th data-bbox="1785 803 2948 921">Actions</th> </tr> <tr> <td data-bbox="668 921 1785 1412"> <p><b>Emails /care opinion/ texts/ Facebook</b></p> <p>1. Emails about the MoMa app and families not being able to access this.</p> <p><b>Tendable</b> Questions- Inpatient Experience Survey asked on the PN wards at each acute site (the aim is for there to be 50 questionnaires a month- roughly 2 per day). The Tendable reports have not been produced yet to be able to report on them.</p> <p><b>QEQM</b> had 40 inspections (total score ?? %) -17 were 100% positive</p> <p><b>WHH</b> had 28 inspections - (total score ?? %) -21 were 100% positive</p> </td> <td data-bbox="1785 921 2948 1412"> <p>Emails and Facebook messages are dealt with ASAP and families are called by PEM to try and sort out the issues that they have ASAP.</p> <p>1. Each email was answered and explained that it has been decommissioned and an email to the community midwives via Leane Jeffery has gone out about this.</p> <p><b>Tendable</b></p> <p>The report for February is not available yet to be able to look at the results.</p> </td> </tr> </table>	Maternity Voice Partnership feedback	Actions	<p>Walk the Patch WHH done by the Lead MNVP and Patient Experience on 27<sup>th</sup> February 2024 was not completed due to there being the accreditation and many staff and patients being questioned about their experience by another team. We felt that this was too much to ask as well as the others and so was left for this month. We shall do see QEQM in the 15 steps which is to occur next month.</p> <p>The new infographic for the birth stats have been coproduced with the MNVP with a more detailed slide to come out next month to pair with the one this month.</p>		Any other Feedback acquired (Emails, Facebook, BAT, Tendable etc)	Actions	<p><b>Emails /care opinion/ texts/ Facebook</b></p> <p>1. Emails about the MoMa app and families not being able to access this.</p> <p><b>Tendable</b> Questions- Inpatient Experience Survey asked on the PN wards at each acute site (the aim is for there to be 50 questionnaires a month- roughly 2 per day). The Tendable reports have not been produced yet to be able to report on them.</p> <p><b>QEQM</b> had 40 inspections (total score ?? %) -17 were 100% positive</p> <p><b>WHH</b> had 28 inspections - (total score ?? %) -21 were 100% positive</p>	<p>Emails and Facebook messages are dealt with ASAP and families are called by PEM to try and sort out the issues that they have ASAP.</p> <p>1. Each email was answered and explained that it has been decommissioned and an email to the community midwives via Leane Jeffery has gone out about this.</p> <p><b>Tendable</b></p> <p>The report for February is not available yet to be able to look at the results.</p>																																						
Maternity Voice Partnership feedback	Actions																																														
<p>Walk the Patch WHH done by the Lead MNVP and Patient Experience on 27<sup>th</sup> February 2024 was not completed due to there being the accreditation and many staff and patients being questioned about their experience by another team. We felt that this was too much to ask as well as the others and so was left for this month. We shall do see QEQM in the 15 steps which is to occur next month.</p> <p>The new infographic for the birth stats have been coproduced with the MNVP with a more detailed slide to come out next month to pair with the one this month.</p>																																															
Any other Feedback acquired (Emails, Facebook, BAT, Tendable etc)	Actions																																														
<p><b>Emails /care opinion/ texts/ Facebook</b></p> <p>1. Emails about the MoMa app and families not being able to access this.</p> <p><b>Tendable</b> Questions- Inpatient Experience Survey asked on the PN wards at each acute site (the aim is for there to be 50 questionnaires a month- roughly 2 per day). The Tendable reports have not been produced yet to be able to report on them.</p> <p><b>QEQM</b> had 40 inspections (total score ?? %) -17 were 100% positive</p> <p><b>WHH</b> had 28 inspections - (total score ?? %) -21 were 100% positive</p>	<p>Emails and Facebook messages are dealt with ASAP and families are called by PEM to try and sort out the issues that they have ASAP.</p> <p>1. Each email was answered and explained that it has been decommissioned and an email to the community midwives via Leane Jeffery has gone out about this.</p> <p><b>Tendable</b></p> <p>The report for February is not available yet to be able to look at the results.</p>																																														
Number of Complaints	<p>During February Obstetrics logged 7 formal complaints, please refer to the details below:</p> <table border="1"> <thead> <tr> <th>Site</th> <th>Location</th> <th>Count</th> <th>Category</th> <th>Subcategory</th> </tr> </thead> <tbody> <tr> <td>QEQM</td> <td>Labour ward / delivery suite (QEQM)</td> <td>1</td> <td>Clinical management</td> <td>Unhappy with treatment</td> </tr> <tr> <td>WHH</td> <td>Folkestone ward (maternity)</td> <td>1</td> <td>Clinical management</td> <td>Unhappy with treatment</td> </tr> <tr> <td>WHH</td> <td>Labour ward / delivery suite (WHH)</td> <td>1</td> <td>Clinical management</td> <td>Lack of / inappropriate pain management</td> </tr> <tr> <td>WHH</td> <td>Labour ward / delivery suite (WHH)</td> <td>1</td> <td>Communication</td> <td>Doctor communication issues</td> </tr> <tr> <td>WHH</td> <td>Labour ward / delivery suite (WHH)</td> <td>1</td> <td>Delays</td> <td>Delays in receiving treatment</td> </tr> <tr> <td>WHH</td> <td>Maternity day care unit (WHH)</td> <td>1</td> <td>Clinical management</td> <td>Unhappy with treatment</td> </tr> <tr> <td>WHH</td> <td>Maternity Triage (WHH)</td> <td>1</td> <td>Clinical management</td> <td>Incomplete examination carried out</td> </tr> <tr> <td><b>Total</b></td> <td></td> <td><b>7</b></td> <td></td> <td></td> </tr> </tbody> </table>		Site	Location	Count	Category	Subcategory	QEQM	Labour ward / delivery suite (QEQM)	1	Clinical management	Unhappy with treatment	WHH	Folkestone ward (maternity)	1	Clinical management	Unhappy with treatment	WHH	Labour ward / delivery suite (WHH)	1	Clinical management	Lack of / inappropriate pain management	WHH	Labour ward / delivery suite (WHH)	1	Communication	Doctor communication issues	WHH	Labour ward / delivery suite (WHH)	1	Delays	Delays in receiving treatment	WHH	Maternity day care unit (WHH)	1	Clinical management	Unhappy with treatment	WHH	Maternity Triage (WHH)	1	Clinical management	Incomplete examination carried out	<b>Total</b>		<b>7</b>		
Site	Location	Count	Category	Subcategory																																											
QEQM	Labour ward / delivery suite (QEQM)	1	Clinical management	Unhappy with treatment																																											
WHH	Folkestone ward (maternity)	1	Clinical management	Unhappy with treatment																																											
WHH	Labour ward / delivery suite (WHH)	1	Clinical management	Lack of / inappropriate pain management																																											
WHH	Labour ward / delivery suite (WHH)	1	Communication	Doctor communication issues																																											
WHH	Labour ward / delivery suite (WHH)	1	Delays	Delays in receiving treatment																																											
WHH	Maternity day care unit (WHH)	1	Clinical management	Unhappy with treatment																																											
WHH	Maternity Triage (WHH)	1	Clinical management	Incomplete examination carried out																																											
<b>Total</b>		<b>7</b>																																													

Listening to women engagement activities and evidence of co-production								
Staff feedback from frontline safety champions and walk-about	<table border="1"> <thead> <tr> <th data-bbox="668 519 1330 568">Safety Champions Feedback</th> <th data-bbox="1330 519 1974 568">Actions/Learning</th> </tr> </thead> <tbody> <tr> <td data-bbox="668 568 1330 690">Listening events facilitated by CEO and CNMO</td> <td data-bbox="1330 568 1974 690">Dates to be set for further listening events</td> </tr> <tr> <td data-bbox="668 690 1330 829">Community vacancies escalated</td> <td data-bbox="1330 690 1974 829">Paper to be presented at MNAG in relation to incentive pay escalated and agreed at board level</td> </tr> </tbody> </table>	Safety Champions Feedback	Actions/Learning	Listening events facilitated by CEO and CNMO	Dates to be set for further listening events	Community vacancies escalated	Paper to be presented at MNAG in relation to incentive pay escalated and agreed at board level	
Safety Champions Feedback	Actions/Learning							
Listening events facilitated by CEO and CNMO	Dates to be set for further listening events							
Community vacancies escalated	Paper to be presented at MNAG in relation to incentive pay escalated and agreed at board level							
MNSI/NHSR/CQC or other organisation with a concern or request for action made direct to the Trust	<p><b>Letter of concern received From MNSI on the 16/02/2024</b></p> <p>The concerns noted by the panel are:</p> <ul style="list-style-type: none"> <li>• The was no awareness of the outcome of the Mother's previous pregnancy or the HSIB investigation and opportunities for learning that were identified.</li> <li>• There is no embedded system in place to ensure that a full review of a mother's medical record, including any previous obstetric history occurs during the antenatal period.</li> <li>• The Mother requested a caesarean birth at the time of her antenatal booking appointment. There is no documentation that her options for birth were discussed during the antenatal period.</li> <li>• The clinical team relied on the Mother to provide the clinical details about her previous birth and the condition of her first child. There did not appear to be any professional curiosity or attempt to make a full and thorough review of this history during the antenatal period, to inform a holistic risk assessment and a personalised plan of care. <a href="http://www.mnsi.org.uk">www.mnsi.org.uk</a></li> <li>• MNSI has reviewed the Trust's 72 hour report. This questions the decision not to offer IOL to accommodate the needs of her first child. It does not identify any area of learning around the antenatal risk assessment or care planning.</li> </ul> <p><b>Response</b></p> <p>In response to the concerns raised I can confirm that the following immediate actions have been taken:</p> <p>A 'hot topic' bulletin has been shared with all maternity staff reiterating the local policy which includes the need for a detailed review of the mother's medical, social and obstetric history when planning maternity care. This must include a review of the medical records as part of antenatal assessments to avoid reliance on mothers providing detail of previous history.</p> <ul style="list-style-type: none"> <li>• With immediate effect a process has been put in place for ensuring that medical records are made available and reviewed when women present in labour as this is another important opportunity for undertaking a review of the medical records. The labour risk assessment has been amended to include a prompt for evidencing a review of the medical records. This will enable the service to monitor/audit compliance.</li> <li>• It is acknowledged that at the initial booking appointment, midwives have access to historical data contained in the maternity information system but may not have access to the physical medical record. To act as a prompt, a 'complex birth SBAR' tool has been formulated which will highlight key issues relating to the mother's medical/social/ obstetric history which may impact on future care planning. This will be populated by the governance team on completion of case reviews.</li> </ul> <p>The 'complex birth SBAR' will be uploaded to the maternity information system, enabling the booking midwife to have access to key issues occurring prior to or at birth which may impact on a subsequent pregnancy or birth. Women will be provided with a paper copy of the 'complex birth SBAR' as a part of the duty of candour process. This can be shared with other maternity providers should the woman opt to have care at another hospital in a subsequent pregnancy.</p> <p>The 'complex birth SBAR' does not remove the need to review the medical record but will act as a prompt to clinicians to review the medical record during the antenatal episode.</p> <ul style="list-style-type: none"> <li>• With immediate effect the governance team will create an alert on the maternity information system that includes details of any investigation (MNSI or otherwise) and any key recommendations that may impact on future care planning.</li> <li>• For babies admitted to the neonatal unit or transitional care a discharge notification from Badgernet (the neonatal information system) will be uploaded to the maternity information system so that in a subsequent pregnancy this can be reviewed by all clinicians as a part of antenatal assessments.</li> </ul>							



- The Trust has recently employed a Consultant midwife who will be a joint lead with a named Consultant Obstetrician on the birth options pathway. This pathway will include women who choose care outside of guidance but has also been implemented to support all women who may have choices linked to previous birth or trauma.
- To ensure that all relevant staff groups are proficient in the use of the maternity information system refresher training will be provided over the next four- six weeks.
- The Deputy Director of Midwifery (DDoM) and the incoming Head of Governance will review and sign off 72hour review reports ahead of these being shared.

**Response and evidence attached as Appendix page 20**

**CQC enquiry**

Concerns include:

- Lack of substantive staff, over-reliance on agency staff and Internationally Trained Midwives.
- Inadequate supernumerary period for Internationally Trained Midwives and gaps in competencies.
- Agency staff unwilling to support with breast feeding and changing pads.
- Increased incidents / near misses related to lack of training.
- Increased service user complaints, predominantly Folkstone (Postnatal Ward)

I understand from the most recent Board report that there are 27 WTE vacancies for midwives at WHH. With 13 Internationally Educated Midwives being onboarded and regular long term agency utilised to cover staffing gaps. Also that staff turnover and recruitment remains a challenge and a key focus for the Trust.

Please could you provide the following additional information:

- How is the Trust utilising available staff on both days and nights to ensure the safest possible skill mix at night?
- Please provide actual staffing for night shifts on postnatal and labour ward, showing job role and whether substantive, agency or Internationally Trained, including how this compares to planned staffing for February 2024.
- What support is given to Internationally Trained Midwives after they have completed their bridging training?
- How long are Internationally Trained Midwives supernumerary before they are counted in the staffing numbers?
- How is the Trust ensuring competency of Internationally Trained Midwives?
- How does the Trust monitor agency staff competence and any concerns raised?
- Is the Trust incentivising substantive staff to support the bank provision?  
Does the Trust have any recruitment and retention incentives in place

Coroner Reg 28 made directly to the Trust

Local Risk Register

Maternity			
Risk	Cause	Effect	Current risk Assessment score
<b>The consultant obstetric workforce cannot meet the needs of the service without additional sessions outside of job planned activity.</b>	<ul style="list-style-type: none"> <li>• Number of consultant vacancies across both WHH and QEQM have been out to advert for considerable periods of time (rolling adverts) without successful recruitment.</li> <li>• In addition there are currently 4 substantive consultants not doing full on call duties due to OH recommendations. 2 substantive consultants not delivering full on call duties due to job plan changes (leadership and post retirement)</li> <li>• This puts significant pressure on the remaining consultant body to cover the on call rota. There are 10 consultants doing on calls (it is a 16 person rota) and these same consultants are then being asked to step down to cover gaps in the registrar and SHO rotas as well as trying to keep elective work going. Agency locums is heavily used to help cover activity.</li> <li>• Disparity in the rate of pay for consultants working additional shifts compared to other departments.</li> <li>• Middle grade vacancies are a challenge in terms of recruitment due to the inability to provide housing for overseas doctors coming to the UK.</li> </ul>	<ul style="list-style-type: none"> <li>• It is becoming increasingly difficult to cover the on call rota:                             <ul style="list-style-type: none"> <li>- this is at the expense of benign gynae activity being cancelled to which will have an adverse effect on our waiting lists.</li> <li>- financial impact on the care group with the use of high premium cost agency staff.</li> </ul> </li> <li>• Increased pressure on the current consultant workforce leading to burnout - increased sickness and occupational health referrals.</li> <li>• Impact on training due to using locums. Possible closure of the unit due to unsafe staffing.</li> <li>• Negative impact on restore and recovery work.</li> <li>• Consultants less likely to cover additional shifts if paid less than other departments.</li> <li>• Ongoing shortages across the obstetric workforce is impacting on the compliance with PROMPT training in terms of delivery as well as participation.</li> </ul>	<b>16</b>

<p><b>There is a risk of inadequate midwifery staffing levels and skills to meet the needs of women and their families</b></p>	<ul style="list-style-type: none"> <li>• Sub-optimal staffing levels and inability to cover shifts on a daily basis across hospital and community services.</li> <li>• Whilst the funded establishment has been increased, recruitment has been slow resulting in insufficient establishment that supports a labour ward coordinator to be supernumerary on every shift supported by a band 7 operational role</li> <li>• Vacancy, maternity leave and sickness impact on staffing</li> <li>• NHSP and agency midwifery cover to fill gaps in rotas has been inconsistent with poor uptake, coupled with unreliable agency compliance</li> <li>• Lack of Maternity Support Workers at WHH to release Midwifery time</li> </ul>	<ul style="list-style-type: none"> <li>• Non-compliance with fundamentals of care impacting on the clinical outcomes for women and babies</li> <li>• Dilution of skill mix due to recruitment of newly qualified band 5s.</li> <li>• Inability to provide 1:1 care in labour and supernumerary band 7 labour ward coordinator status</li> <li>• Inability to sustain a homebirth service 24/7</li> <li>• Inability to sustain Midwifery Led Units on both sites 24/7 (WHH closed)</li> <li>• Difficulty in re-establishing appropriate postnatal care at home</li> <li>• Concerns raised by the women during feedback sessions over staffing numbers</li> </ul>	16
<p><b>Inadequate theatre capacity at QEQM for maternity services</b></p>	<ul style="list-style-type: none"> <li>• Currently within maternity services at QEQM there is only one theatre within the maternity setting.</li> <li>• There is only one obstetric theatre at QEQM, meaning potential for delays in emergency C/S and if this theatre has issues, the main theatre is some distance from the main obstetric unit.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on theatre capacity</li> <li>• elective surgery being done in maternity theatres due to limited main theatre capacity causing an impact on emergency surgery</li> <li>• Delays in surgery being undertaken which can impact on patient safety and outcome</li> <li>• Overall the impact is that staff are not able to work as effectively as they might and this has a detrimental impact on their ability to ensure high standards of care.</li> <li>• Inefficient working and diminished team communication.</li> </ul>	16
<p><b>Failure to provide defined digital structure for maternity services</b></p>	<p>There is currently a poorly deployed EPR for maternity care, which is resulting in duplication of record keeping. This is due to a combination of electronic and manual (paper records) documentation. There is a requirement to submit data sets, which support the recommendations aligned to MIS, which also forms part of the assurance for Saving Babies Lives and Ockenden. The current system means that we are unable to support a robust collation of patient data in respect of KPIs as well as service improvement. Due to the duplication of documentation, records may be incomplete, which impedes further governance processes. In addition to the lack of a robust end to end EPR, there are a number of manual processes still in place to deal with patient administration e.g. community midwives use diaries to book appointments, meaning no visibility of workloads. Across community there is variable connectivity, which impedes on deployment of technical solutions that support timely documentation. Across the service there is variable access to computers to aid the timely documentation of care at the bedside. Overall reliance on a number of inefficient manual processes</p>	<ul style="list-style-type: none"> <li>• This has resulted in delays in utilising the MOMA app for all Maternity information for women. In regard to PTL and Euro king they have not been fully implementing resulting in omissions in care Staff having to leave the unit to find a computer/printer. Patient's births not computed in a timely fashion. Information governance breaches of confidentiality possible due to multiple printing on one printer Time taken to maintain a system of double entry prior to going 'paper lite'. Missed payments for maternity tariff. Interim impact on workload across all areas.</li> <li>• NPSA published 7<sup>th</sup> December 2023</li> </ul>	16
<p><b>Implementation and embedding of effective governance processes within maternity (Currently under review)</b></p>	<ul style="list-style-type: none"> <li>• Ongoing incidents that identify gaps in compliance with local clinical policies and procedures</li> <li>• Difficulty in gaining engagement among some teams</li> <li>• Capacity in governance team</li> <li>• Succession planning in governance team</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidable harm to both pregnant women in our care and neonates</li> <li>• Rising serious incidents across maternity services</li> <li>• Patients are having complaints go unanswered for a lengthy amount of time</li> </ul>	15
<p><b>Risk of women not being cared for in the right place at the right time due to poor patient flow through maternity at WHH</b></p>	<p>Bed capacity and high activity/acuity Links to staffing gaps Inefficient discharge processes on the postnatal ward. Discharge processes and monitoring of prescriptions not always effective. Pharmacy service only provide a limited service to the unit.</p>	<p>Delays in women being transferred to labour and postnatal wards.</p>	12

<b>Women having inadequate analgesia throughout labour/postnatal period</b>	Delay in recognition of labour - pain relief management for instrumental inadequate - pain sometimes not recognised and woman not advocated for regarding her pain management and options	Women are at high risk of developing PTSD - increase in complaints - -impact on the woman's mental health -Loss of confidence if service - Impact on future pregnancies	<b>12</b>
<b>Community Midwives inability to plot on the GROW chart electronically in real time</b>	Community Midwives inability to plot on the GROW chart electronically in real time	Delay in scan plotting causing a potential risk of scan related issues not being escalated within a timely manner. Waiting times and capacity for women within the Daycare and Emergency Maternity Unit leading to non-compliance to BSOTS	<b>9</b>
<b>QEQM - Regulatory action - Section 31 notice due to risk to safety during fire due to maintenance of fire routes primary and secondary and adherence to fire protocols</b>	Previous fire assessments had not been acted on Fire doors wedged open and mislabelled Clutter in corridors preventing egress	Patients and staff at risk of harm in case of fire	<b>9</b>
<b>Inadequate diabetes pathway for maternity</b>	Current pathway for diabetic women type 1/2 with EKHUFT is not clear Current midwifery support is only for GSD women Maternity guideline out of date Midwives are now direct entry with limited experience of diabetes with no tailored training or specialised service to access	Potential for poor outcomes Potentially cause a delay in women being appropriately managed	<b>9</b>
<b>Non -compliance with new recommendation from the Saving Babies Lives intervention action of using validated blood pressure monitors for use in pregnancy.</b>	After attending the LMNS Peer Group Meeting 24/08/2023 further clarity has been provided about the SBL intervention action of using validated BP monitors for use in pregnancy. This indicates we are non-compliant with the correct BP devices within the Trust. SBL has advised in the meantime, the use of non-compliant devices should be raised in the service risk register. NHS England has provided a list of appropriate monitors that can be purchased. All monitors listed do not appear user friendly, and are all handheld monitors for BP use only (not pulse oximetry etc.) This will require a huge procurement plan and will require all BP monitors to be removed from all acute and community areas to be swapped with one of the listed. If not we will not meet CNST as listed within the Implementation Tool on the following Intervention References: 2.6: As part of the risk assessment for FGR, blood pressure should be recorded using a digital monitor that has been validated for use in pregnancy for all pregnant women. 2.14: When FGR is suspected an assessment of fetal wellbeing should be made including a discussion regarding fetal movements and if required cCTG. A maternal assessment should be performed at each contact. This should include blood pressure measurement using a digital monitor that has been validated for use in pregnancy. Each LMNS Trust raised concerns with the above actions, and the LMNS Quality Lead will take it back to the executives	No-compliance with safety action number 6, sections 2.6 and 2.14 - Saving Babies Lives care bundle version 3 - intervention action of using validated BP monitors for use in pregnancy. Loss of CNST income if noncompliant. Financial cost of replacement and rollout programme. Training required for new devices.	<b>9</b>
<b>Recognition and escalation of deteriorating woman</b>	Possible GAP in training relating to the recognition of deterioration - Direct entry midwives and - Escalation barriers between MDT	Potential increase in harm to woman/babies - Impact of staff resilience - Potential impact of HSIB referrals - Potential impact on patient complaint/claims	<b>9</b>
<b>Insufficient compliance of maternity support forms (MSF) not being completed within the community</b>	Staff awareness of when MSF should be completed.	Increase in incident themes(4 in a 6 month period) of MSFs not being completed by community teams. Impact on social services involvement and women/babies not receiving the right provision of care.	<b>9</b>
<b>Risk to patient safety and organisational reputation due to not achieving safety action number 8 as outlined in CNSTT. The specific risk is in relation to the ability of being able to deliver compliance for PROMPT training across the MDT for maternity</b>	There are two drivers that are impacting on the agility to reach compliance for PROMPT training as it returns to face-to-face. 1. Anaesthetic workforce model and availability to attend as well as deliver training. 2. Obstetric workforce model and availability to attend as well as deliver training.	The effect of not achieving the national recommendations for CNSTT Trust reputation Increased external regulation Non-compliance with training causes a risk with ensuing staff are not up to date with key areas i.e. PROMPT. Further impact on recruitment and retention Ultimately if standards are not met safety of women and babies	<b>9</b>

Neonatal			
Risk	Cause	Effect	Current risk Assessment score
There is a risk that babies will not be seen by SLT dysphagia service in NICU or SCBU in a timely manner due to current vacancy	There is currently a vacant highly specialist 0.6wte SLT post	<ul style="list-style-type: none"> <li>Babies could experience delayed access to SLT assessment for dysphagia</li> <li>Babies could experience delayed discharge from neonatal units</li> <li>Babies could be discharged on ng feeds unnecessarily</li> <li>Babies could suffer with long and short term complications due to unrecognised aspiration</li> <li>delayed access to SLT dysphagia assessment for inpatients on Padua</li> </ul>	9
There is a risk that babies on the NICU at WHH will not be cared for safely due to insufficient QIS nursing staff	Recruitment and retention of QIS staff.	<ul style="list-style-type: none"> <li>Neonatal units unable to cope with increases in activity or acuity. Units closed to admissions. Potential harm to patients.</li> <li>Notification of serious concern received from NHSE QST peer review team 21/11/2017</li> <li>Impact on maternity units due to unavailability of cots and having to move mothers and babies in utero.</li> </ul>	12

Progress in achievement of CNST 10 Safety Standards	Safety Action	Rational for Red/Green status	BRAG status (not due to deliver until Dec 2023)
	1. Use of the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard	Q3 currently with National team for review of evidence	
	2. Submitting data to the Maternity Services Data Set to the required standard	Risk around Maternity Information System Provider-Euroking, developing system capability to meet data input quality and submission requirements. Data being submitted more accurately bypassing Euroking. Working as a region to find solutions- Digital Transformation Lead Midwife leasing with LMNS. Final data required for CNST are July ones- final report will be published in October, however from the provisional data it is possible to see that the Trust is compliant.	
	3. Demonstrating transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme	Transitional Care will be included on the audit programme from April which will improve data capture and reporting that is currently completed manually. Areas of risk are around capture of ATAIN actions within a central repository to better understand repeat themes. Template to be developed to allow this to be captured within the weekly ATAIN meetings. Need to have an explicit staffing model in place for TC. This is in place for Midwifery team but not Neonatal. Not built into workforce Business case. Q1 report and action plan discussed with LMNS on 19/09	
	4. Demonstrating an effective system of clinical* workforce planning to the required standard	Risks around progression of Neonatal Nursing actions from year 3, which require significant investment to increase the workforce. Audits against BAPM standards not yet started but will be led by Dr Munn. Audits against Anaesthetic standards not yet started-Dr Hudsmith and Walters aware of requirements for 6 month audit. Anaesthetic workforce paper was presented at the MNAG in July and at the Trust Board in September Neonatal workforce paper was presented at the MNAG in August and at the Trust Board in September Obstetric workforce paper was presented to LMNS alongside the action plan.	

<p>5. Demonstrating an effective system of midwifery workforce planning to the required standard?</p>	<p>Confident standard can be met. Biannual Midwifery Workforce Paper submitted for May to October reporting period. Supernumerary status and 1:1 care in labour remain under 100%-action plan for year 3 has been incorporated into the workforce workstream.</p>	
<p>6. Demonstrate compliance with all six elements of the Saving Babies' Lives care bundle Version 3</p>	<p>Q1 paper has been produced and presented at the MNAG in July 2023 however, as the new bundle was released recently, SBL leaders are re- collecting Q1 data.</p> <p>The Saving Babies Lives Implementation Tool on the NHS Futures Platform is being used for reporting on implementation of Saving Babies' Lives care bundle Version 3</p> <ul style="list-style-type: none"> <li>• Smoking in pregnancy:             <ul style="list-style-type: none"> <li>• Trust is compliant with the CO monitoring at booking and and 36 weeks.</li> <li>• Midwives are testing women at every contact however this is not a data metric. A monthly/quarterly audit can be facilitated.</li> <li>• Smoking status is recorded at every contact but this information is not reflected onto info portal. If needed this can be pulled on a needs basis</li> <li>• The smoking cessation service is currently provided externally by ONEYOU Kent. The referral data is available.</li> <li>• There is a new band 4 smoke free advisor with the aim that the service will be expanded across the rest of the Trust. ICB are currently investigating whether OYK can be bought as "in-reach" on honorary contracts. Ongoing discussions with Finance regarding funding / business case for in-house service expansion.</li> <li>• NRT and some other data is offered by OYK but data are not currently provided. ICB is trying to engage with them to provide this data.</li> <li>• Women are offered NRT if they attend triage but this is not monitored or recorded</li> <li>• This element is partially implemented in all the requirements apart of the first requirement which is fully implemented</li> </ul> </li> <li>• Fetal growth restriction:             <ul style="list-style-type: none"> <li>• Current unable to collect data on recommendation for Vitamin D,working with the MIS Lead- if unable to collect, to complete manual audit of 10% bookings per quarter</li> <li>• Risk assessment for FGR recorded at booking metrics needs amendment in line with SBLCBV3</li> <li>• Trust is not compliant with BP monitors in use, this has been added to the Risk Register- action plan evidencing this</li> <li>• No current data collection for Uterine artery Doppler, awaiting meeting with Business Intelligence Lead to get this data on Dashboard</li> <li>• Guideline to be updated against SBLCBV3 standards</li> <li>• Data for SFH measurements on women low risk FGR currently not taken, BIL meeting to request this data on dashboard. If not collected, audit to be done.</li> <li>• Training for FH measurements is less than 90%</li> <li>• Fetal growth guideline currently on draft, to be published prior to Quarter 2</li> <li>• No audit data for multiple pregnancies, audit planned.</li> <li>• Data for EFW &gt;3<sup>rd</sup> centile for &lt;39 weeks not currently collected, awaiting meeting with BIL to request this data, if not, audit to be undertaken</li> </ul> </li> <li>• Reduced fetal movements:             <ul style="list-style-type: none"> <li>• Dashboard showing 88.6% having computerised CTG. A service evaluation audit will be conducted to assess areas of improvements</li> <li>• Data for the use of ultrasound scan by next working day is not currently collected-awaiting meeting with BIL, if not, audit to be undertaken</li> <li>• Data for IOL where RFM is the only indication are not currently collected. Awaiting meeting with BIL or audit to be undertaken.</li> </ul> </li> <li>• Fetal monitoring (Becky Ducane)             <ul style="list-style-type: none"> <li>• Dashboard currently demonstrates that compliance is above 90%, current data does not include NHSP staff or agency staff. All staff temporary staff will now be booked onto fetal monitoring training prior to providing care to women or birthing people in EKHUFT. Fetal monitoring team to liaise with BT to see if this data can be added to the PTL as an additional staff group to demonstrate compliance of this group</li> <li>• SOP to be developed to detail training requirements of midwives recruited through NHSP or agencies.</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>• SOP amended for the assessment of staff providing fetal monitoring with an increased pass mark of 85% and a support pathway for staff who do not achieve the pass mark</li> <li>• Risk assessment at the onset of labour for Q1 demonstrates that compliance with the completion of this assessment is below the minimum target of 80% on both sites. The auditors noted that the tool was not available in all the clinical documentation and this has now been rectified and this will continue to be audited for Q2.</li> <li>• Regular systematic review of maternal and fetal well being for continuous electronic fetal monitoring and intermittent auscultation audit data from Q1 demonstrates that we were below the 80% minimum target and an action plan has been developed to increase compliance. Q2 data will be reviewed at the end of September. Stop the clock data has demonstrated an increase in compliance with systematic assessment for continuous electronic fetal monitoring with compliance at or above 80%</li> <li>• Preterm Birth             <ul style="list-style-type: none"> <li>• Data for less than 27 weeks, less than 28 weeks and any gestation with an EFW less than 800 grams to be divided in order to have individual metrics.</li> <li>• No current metrics on IV antibiotics for PTB, planning to introduce this question onto Euroking.</li> <li>• To request to BIL data for MBM given</li> </ul> </li> </ul> <p>Management of diabetes in pregnancy (Hillary Purkess)</p> <ul style="list-style-type: none"> <li>• Women with type 1 diabetes are offered real time continuous glucose monitoring (CGM)</li> <li>• Pathways for referral to the regional maternal medicine for women with complex diabetes require development</li> <li>• Women with diabetes have a third trimester HbA1c, with increased surveillance as indicated</li> <li>• Guideline on diabetes in pregnancy requires update to encompass / strengthen wording around existing care provision</li> </ul> <ul style="list-style-type: none"> <li>• One stop clinics require development</li> <li>• Further audit required</li> <li>• Data is submitted to the NPID audit, but an action plan is required in relation to this data</li> <li>• There is engagement with wider regional and national Diabetes Clinical networks</li> </ul> <ul style="list-style-type: none"> <li>• Pathway between maternity services, emergency departments and acute medicine for the management of women presenting with DKA during pregnancy is to be developed and agreed</li> <li>• Ongoing discussion is taking place with LMNS about reporting period for outcome indicators via the NPID dashboard</li> </ul>	
	<p>7. Demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local services</p>	<p>Work continues with the MVP to coproduce plans to address concerns raised by women</p>	
	<p>8. a. Evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4?          b. In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, Multiprofessional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4</p>	<p>Anaesthetic workforce attending multi-professional maternity emergencies training day. Attendance is improving. Working with anaesthetic leads to address gap, supported by CMO.</p>	

	9. Demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues	MatNeoSip Quality Improvement work aligned to the National Driver continue around Perinatal Optimisation bundle of care. Safety Champion Walkabouts and feedback sessions continue monthly on each site. Actioning of concerns are captured in a repository and themes are included in PQST report. Midwifery Continuity of Carer remains on hold as previously reported.	
	10. Reporting 100% of qualifying 2023/2024 incidents under NHS Resolution Early Notification scheme	6 cases during reporting period. Quarter 1 report received by MNAG July 2023 and Board for Sept. Quarter 2 report received by MNAG October 2023 and Board for November Quarter 3 report received by MNAG January 2024 and Board for February Risk - Ockenden and CNST require 100% compliance.	

Proportion of midwives responding with AGREE or Strongly Agree on whether they would recommend their Trust as a place to work or receive treatment (reported annually)

In the last staff survey 16.8% responded with Agree or strongly agree. Quadrumvirate awaiting the results of SCORE survey PULSE survey closed in January results not yet available

Proportion of specialty trainees in obstetrics and gynaecology responding with AGREE or Strongly Agree on whether they would recommend their Trust as a place to work or receive treatment (reported annually)

Outstanding Ockenden recommendations

### Self-Assessment of Ockenden IEAs Status – Jan 2024

IEA	Overall Compliance	Notes
1. Enhanced safety		Monthly PQST report (Inc. SIs) reported to Trust Board
2. Listening to women and families		Patient Voices Model includes YVIH. MNVP Workplan/Feedback log. CNMO has Executive responsibility, designated NED is Maternity & Neonatal Board Safety Champion
3. Staff training and working together		Labour Ward forums/ MDT training/ training budget monitoring all in place
4. Managing complex pregnancy		Lead Consultant and Lead Consultant Midwife in post. Meetings with South East / Medway regions to understand and utilise referrals pathways. Documentation audit to include completion of named Lead Consultant
5. Risk assessment throughout pregnancy		Risk assessments and intended place of birth recorded. PCSP audit to highlight compliance of these requirements
6. Monitoring fetal well-being		80% compliance across all Elements of SBLCBv3 by Dec 2023
7. Informed consent		Benchmarking against Chelsea and Westminster completed 2021
Workforce Planning		Birthrate Plus review complete. MSW Competency Framework. Second partner university for student midwives. Additional specialist roles.

	Compliant
	Partially Compliant

**Glossary.**

CCG: Care Quality Commission

CNST: Clinical Negligence Scheme for Trusts. An insurance scheme whereby NHS organisations pay an annual premium to mitigate against the cost of clinical negligence claims

CNST: Maternity Incentive Scheme. Aims to support the delivery of safer maternity care through an incentive element to trusts CNST insurance contributions. The maternity pricing is inflated by 10% which trusts are incentivised to recover through the delivery of 10 safety actions.

DATIX: The trusts incident reporting system

ENS: Early Notification Scheme. FFT-Friends and Family Test. A quick anonymous survey for service users to give views after receiving care or treatment and for staff to feedback on whether they would recommend as a place to work or receive treatment.

MNSI: Maternity and Neonatal Safety Investigations. Independent investigation body tasked with carrying out investigations and reporting using a standardised approach without attributing blame or liability

IEA: Immediate and Essential Actions (in relation to the Ockenden Report Recommendations December 2020)

Kleihauer test: A test performed to understand if there is any fetal blood in the maternal circulation on Rh-negative mothers. The test should be done and any subsequent Anti D immunoglobulin administered within 72 hours of delivery, sensitising event (i.e. abdominal trauma) or invasive procedure.

MIS: Maternity Information System. At East Kent we use Euroking as our MIS provider

MNAG: Maternity and Neonatal Assurance Group. Governance reporting forum.

MSDS: Maternity Services Data Sets. A patient level data set that captures information about activity carried out by Maternity Services relating to mother and baby(s), from the point of the first booking appointment until discharge from maternity services

MVP: Maternity Voices Partnership. A team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

NLS: Neonatal Life Support Training

NHSR: NHR Resolution

Partogram: A tool used to monitor labour and prevent prolonged and obstructed labour focusing on observations related to maternal, fetal condition and labour progress.

PMRT: Perinatal Mortality Review Tool. Aims to support a standardised process of perinatal mortality reviews, learning reporting and actions to improve care across NHS maternity and neonatal units.

PROMPT: Practical Obstetric Multi-Professional Training. Covers the management of a range of obstetric emergency situations

SBLCBv2: Saving Babies Lives Care Bundle Version 2. A care bundle for reducing perinatal mortality

Uterine artery Doppler screening: An ultrasound scan that uses waveform analysis in the second trimester of pregnancy as a predictive marker for the later development of preeclampsia and fetal growth restriction.



### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** PERINATAL QUALITY SURVEILLANCE TOOL (PQST) REPORT

**Meeting date:** 4 APRIL 2024

**Board sponsor:** CHIEF NURSING & MIDWIFERY OFFICER (CNMO)

**Paper Author:** DEPUTY DIRECTOR OF MIDWIFERY & INTERIM HEAD OF GOVERNANCE

#### Appendices:

NONE

#### Executive summary:

Action required:	Information, Assurance
<b>Purpose of the Report:</b>	<p>The purpose of this report is:</p> <ul style="list-style-type: none"> <li>• To update the Board of Directors on East Kent Maternity's services are aligned to the key elements included within the perinatal and assurance framework as defined by NHS England (NHSE).</li> <li>• This is in accordance with the standards set out in NHS Resolutions (NHSR) Maternity Incentive Scheme, Safety Action 9, which aims to continue to support the safer maternity and Ockenden report recommendations.</li> <li>• Provide assurance that the service is using the tool and reporting to the required standard set out in the NHS implementing a Revised Perinatal Quality Surveillance Model Report December 2020, NHS resolution Clinical Negligence Scheme for trusts (CNST) Maternity Incentive Scheme year 4 - Safety Action nine and Ockenden 1 Report Immediate and Essential Actions.</li> </ul>
<b>Summary of key issues:</b>	<ul style="list-style-type: none"> <li>• Maternity Led unit opened on the 15 December.</li> <li>• The Local Maternity and Neonatal System (LMNS) visited on the 13 December to review the evidence supporting compliance Maternity Incentive Year 5.</li> <li>• One Maternity and Newborn Safety Investigations (MNSI) referral for the month of December.</li> <li>• Two Serious incidents (SIs) reported for maternity in December both at William Harvey Hospital (WHH) (NND and a baby requiring cooling (MNSI referral).</li> <li>• Supernumerary status compliance reported at 100% at WHH, 100% at Queen Elizabeth the Queen Mother Hospital (QEQM).</li> </ul>

## 24/13.1 – APPENDIX 1

	<ul style="list-style-type: none"> <li>• Compliance of 1:1 in Labour was reported as 100% QEQM 100% at WHH following validation of cases.</li> <li>• Friends and Family Test (FFT). December saw a decrease in the response rate to 11.8%. There were 207 responses with 90.9% of families responding their care was very good or good.</li> <li>• Your Voice is Heard (YVIH) Response rate Key Performance Indicators (KPIs) - 70%. The service achieved a response rate of 75.5% (the team spoke to 308 families) this is similar to last month which was 75.6% response rate.</li> <li>• Of the families that responded in December 89.0% (274 families) said that they would return to East Kent for their Maternity care which is an increase on previous month.</li> <li>• Substantive Head of Governance role recruited to on the 28 December.</li> <li>• Patient Safety Matron out to advert again.</li> <li>• Training compliance was met across all applicable maternity staff groups for fetal monitoring, Practical Obstetric Multi-Professional Training (PROMPT) and Newborn Life Support (NLS).</li> <li>• Although Anaesthetic doctors appear at 78.8% on the scorecard on validation it has been confirmed that the compliance rate for December is 83%</li> </ul>
<b>Key recommendations:</b>	The Board of Directors is asked to <b>NOTE</b> the content within the maternity dashboard.

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR 77: Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services. CRR 122: There is a risk that midwifery staffing levels are inadequate.
<b>Resource:</b>	No
<b>Legal and regulatory:</b>	Yes Clinical Negligence Scheme for Trusts (CNST) NHS Long Term Plan-standard contract
<b>Subsidiary:</b>	No

### Assurance route:

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)

**East Kent Hospitals Perinatal Quality Surveillance December 2023**

Month: July 2023	East Kent Hospitals Hospital NHS Trust Perinatal Quality Surveillance Reporting												
CQC Maternity Ratings WHH	<b>Overall</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Well-led</b>	<b>Responsive</b>							
	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate							
CQC Maternity Ratings QEQM	<b>Overall</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Well-led</b>	<b>Responsive</b>							
	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Good							
Maternity Safety Support Programme	Yes			Support Lead: Mai Buckley									
Findings of review of cases eligible for referral to HSIB	During the month of December there was 1 MNSI Referral which is included in the SI in the table below												
The number of incidents logged graded as moderate or above and what actions are being taken.	There were 2 reported harm incidents during December												
	<b>Site</b>	<b>Location</b>	<b>Category</b>	<b>Subcategory</b>	<b>Outcome</b>								
	WHH	Labour Ward / Delivery Suite (WHH)	Women's Health - unexpected problem/outcome for baby	Neonatal Death	D - Severe (person(s) affected appears to have suffered permanent harm)								
	WHH	Labour Ward / Delivery Suite (WHH)	Women's Health - unexpected problem/outcome for baby	Unanticipated admission to SCBU ( <b>MNSI referral</b> )	C - Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)								
	Both of these incidents were also serious incidents												
Themes from reviews of perinatal deaths	<b>Themes</b>												
	<b>Quoracy – 100% membership</b>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Chair – PMRT Lead Midwife									n/a	1	1	1
	Deputy Chair – PMRT Lead Consultant									n/a	1	1	1
	Administrator									n/a	1	1	1
	Obstetrician									n/a	2	2	2
	Midwife x 2									n/a	2	2	2
	Neonatologist x 2 (for NND)				n/a					n/a	1	2	2
	Neonatal Nurse x 2 (for NND)				n/a					n/a	2	2	2
	Bereavement Midwife									n/a	1	1	1
	Governance Midwife									n/a	1	1	2
	Patient Safety champion									n/a	1	1	1

Managers									n/a	1	1	1
External panel member									n/a	3	2	2
Meeting Escalations												
1.	Lead consultant for PMRT at WHH is still required											
2.	<p><b>ACTION:</b> To look at the current twin guideline and assess how robust the early referral pathway is for twin pregnancies.</p> <p><b>ACTION:</b> 'Safety thread' sent to all maternity colleagues on 06/12/2023, this is around checking community and inpatient results. Community results must be checked and followed up within 5 days.</p> <p><b>ACTION:</b> At this early gestation, our neonatal colleagues may not be able to/have capacity to discuss this with a mother if activity on the NICU is high. Therefore, midwives should feel confident to discuss this with women and families. Currently in discussion with public health matron, around confidence building sessions around midwives discussing early viability and potential outcomes for babies.</p>											
3.	MDT meeting arranged for 18/12/2023 around seamless working practices between maternity and neonatal colleagues. This is in relation to governance, and patient safety, alongside PMRT collaborative working.											
What's Gone Well			Cases reported in November				Case discussed on 06/12/2023 PMRT Review					
<p>Actions have been uploaded to datix along with the PMRT reports. This is ensuring Actions are followed and then the datix can be closed.</p> <p>'Baby loss' order set for bloods and swabs has been submitted for approval. Awaiting an outcome, but it looks positive!</p> <p>All Families are receiving home visits to discuss and hand over published PMRT reports.</p>			<p>31+1 Still birth QEQM</p> <p>22+4 WHH NND</p> <p>23+1 Still birth WHH</p>				<p><b>S.T J.T</b> <b>Baby died of complications due to extreme prematurity and e-coli sepsis.</b></p> <p><b>A.P</b> <b>N.P</b> <b>No issues identified with care either before or after the birth of the baby. Unknown cause of still birth.</b></p> <p><b>CS J.J.S</b> <b>MSU result wasn't followed up upon. Parents also felt that they had very limited discussions around the outcome for their baby if he was to be born alive. Placenta histology has chorioamnionitis.</b></p>					

100% of perinatal mortality reviews include an external reviewer

24/13.1 – APPENDIX 1

Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training.

Fetal Monitoring (all staff)

Role Type	Compliant	Total Staff	Compliance %
Midwife - Acute	206	221	93.2%
Midwife - Community	83	91	91.2%
Obstetric Consultant	33	33	100.0%
Obstetric Doctor	25	26	96.2%
<b>Total</b>	<b>347</b>	<b>371</b>	<b>93.5%</b>

PROMPT Training (all staff)

Role Type	Compliant	Total Staff	Compliance %
Anaesthetic Consultant	37	45	82.2%
Anaesthetic Doctor	34	41	82.9%
Maternity Support Worker	74	79	93.7%
Midwife - Acute	203	221	91.9%
Midwife - Community	92	102	90.2%
Obstetric Consultant	32	33	97.0%
Obstetric Doctor	25	27	92.6%
<b>Total</b>	<b>497</b>	<b>548</b>	<b>90.7%</b>

NLS Training (all staff)

Role Type	Compliant	Total Staff	Compliance %
Maternity Support Worker	73	80	91.3%
Midwife - Acute	196	220	89.1%
Midwife - Community	95	102	93.1%
Obstetric Consultant	32	33	97.0%
Obstetric Doctor	24	26	92.3%
<b>Total</b>	<b>420</b>	<b>461</b>	<b>91.1%</b>

Fetal Monitoring (excluding maternity & sick leave)

Role Type	Compliant	Total Staff	Compliance %
Midwife - Acute	195	199	98.0%
Midwife - Community	77	79	97.5%
Obstetric Consultant	33	33	100.0%
Obstetric Doctor	24	25	96.0%
<b>Total</b>	<b>329</b>	<b>336</b>	<b>97.9%</b>

PROMPT Training (excluding maternity & sick leave)

Role Type	Compliant	Total Staff	Compliance %
Anaesthetic Consultant	37	44	84.1%
Anaesthetic Doctor	34	41	82.9%
Maternity Support Worker	68	69	98.6%
Midwife - Acute	191	199	96.0%
Midwife - Community	86	89	96.6%
Obstetric Consultant	32	33	97.0%
Obstetric Doctor	25	26	96.2%
<b>Total</b>	<b>473</b>	<b>501</b>	<b>94.4%</b>

NLS Training (excluding maternity & sick leave)

Role Type	Compliant	Total Staff	Compliance %
Maternity Support Worker	69	70	98.6%
Midwife - Acute	186	198	93.9%
Midwife - Community	89	89	100.0%
Obstetric Consultant	32	33	97.0%
Obstetric Doctor	24	25	96.0%
<b>Total</b>	<b>400</b>	<b>415</b>	<b>96.4%</b>

Challenges:

- CNST requires that local NLS training is delivered by a Resus Council (RC) instructor. EKHUFT currently has limited RC instructors for NLS and currently this means that a proportion of staff receive training from a member of staff that has completed RC NLS training. There is a local action plan to support the delivery of NLS training by RC instructors.
- Currently the Midwifery Units are used to deliver PROMPT training in the clinical environment. At WHH room 6 has been allocated to training so space is protected. A similar provision is required at QEQM currently the MLU has 3 rooms and a staff well-being room. The acuity in the QEQM MLU is increasing which means capacity for training space is jeopardised. The training plan has required that there is a dedicated space allocated and a second space made available to ensure PROMPT training is not compromised.
- Securing OSCE training for the Internationally Educated Midwives is proving challenging, we are currently in liaison with North Middlesex Hospital Trust to secure 5 places on their OSCE training provision.
- Action plan developed to secure 90% anaesthetic compliance for PROMPT by the end of March in place. Collaboration with the Anaesthetic DSA's and Operations Manager has enabled all anaesthetic staff to be added to the Maternity dashboard to ensure 90% compliance is reached by the end of March. The forecast for compliance is being shared with the Operations manager to ensure they are aware of staff that need to be booked. The trajectory to 90% maybe slower if planned anaesthetic attendance on the 08/01/2024 is not maximised due to the Junior doctors strikes.

Minimum safe staffing in maternity services to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively

The medical work force during November

QEQM

No incidents of nonattendance escalated.

Consultant Rota

- 2 substantive consultants not undertaking Full on call rota duties due to OH recommendations.
- 2 substantive consultants not delivering full on call due to job plan changes (leadership and post retirement)

**Supernumerary Status Maintained**

Month	QEQM	WHH	Total
July 2023	100.0%	100.0%	100.0%
August 2023	100.0%	100.0%	100.0%
September 2023	100.0%	100.0%	100.0%
October 2023	100.0%	100.0%	100.0%
November 2023	100.0%	100.0%	100.0%
December 2023	100.0%	100.0%	100.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**1 to 1 care in labour**

Delivery_Month	QEQM	WHH	Total
July 2023	100.0%	100.0%	100.0%
August 2023	100.0%	100.0%	100.0%
September 2023	100.0%	100.0%	100.0%
October 2023	100.0%	100.0%	100.0%
November 2023	100.0%	100.0%	100.0%
December 2023	100.0%	100.0%	100.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

- 2 locum agency consultants providing cover.
- 3 Consultant posts out to advert

**Consultant Rota 2 vacancies**

**Registrar rota**

**WHH**

No incidents of nonattendance escalated.

**Consultant rota Obstetrics**

**1 consultant Vacancy currently out to advert**

**Registrar rota**

Fully recruited to middle grades and SHO vacancies

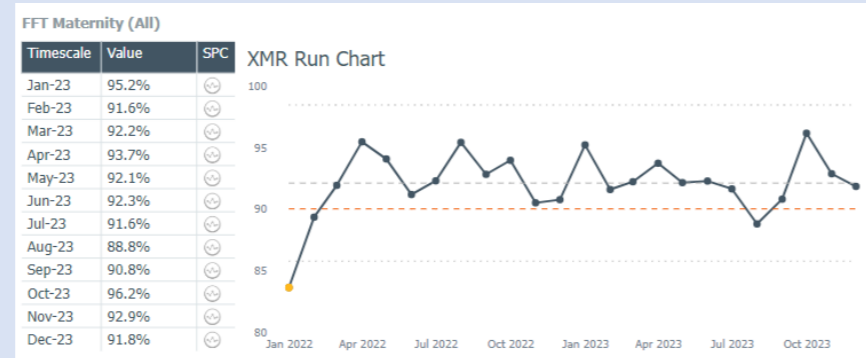
**Midwifery**

The Midwifery workforce numbers remain primarily unchanged in terms of vacancy, sickness and maternity leave. Band 6 advert

Recruited to the substantive position of Head of Governance. Matron for patient safety back out to advert

**FFT Feedback**

Domain	KPI	Thres.	Latest Date	Value	Variation	Assurance	LCL	Mean	UCL	Understanding the Latest Position
Patient Experience	FFT Maternity Response Rate	5.0%	Dec-23	11.9%			8	13	18	Common cause (no significant change)
	FFT Maternity (All)	90.0%	Dec-23	91.8%			86	92	98	Common cause (no significant change)



**FFT Main Themes**

**Actions**

December saw a decrease in the response rate of 11.8%. There were 207 responses and 90.9% of families who responded are very good or good which is a decrease from last month which was 91.2%.

121 comments were themed in December which resulted in 243 codes- 80.7% of the codes were positive which is a slight decrease from last month of 81.9%

Of the comments in general 78.5% were positive, (decrease from last month of 83.9%). 12.4% were a mixture of positive and negative (increase from last month 7.9%) and 9.1% were negative (an increase from the last month 8.3%).

Below is a graph showing the themes. The top 3 areas to improve are:

1. Communication and Information- the way things are explained in tone and what is happening- this is even across both sites
2. Staff Attitude- this has been seen more about the doctors and midwives on the PN ward at night at – across both sites
3. Quality of treatments (majority being about the Postnatal ward at WHH specifically)



Please note that these figures may not account for service users who were sent FFT at the end of the month of December- not all families respond straight away. FFT responses continue to come in throughout the following weeks/months after they have used the service and these will be reported on a rolling basis.

PEM feedback to staff on a regular basis via personalised email and update posters on the units/community offices and in the monthly newsletter.

To feed back to the matrons and ward managers

At site there is some actions about PN care:

1. There is now a PN steering groups which has led on from the discharge steering group to look at PN care
2. Looking at NIPE rota for midwives to increase the NIPES and speed up discharges- all dependant on budgets.
3. The units are both being redecorated.
4. The drug rounds are becoming more embedded in care.
5. November there has been a standard of care embedded at WHH PN ward where the is an expectation of what should happen at what time. At 11 o'clock as well there is a safety pause where concerns can be escalated to those in charge and also any issues with discharged care be discussed.
6. There are now two Hubs on the wards- which are in 2 of the bays, this is to ensure and increase viability of the staff looking after the families in those bays.
7. There seems to be an increase in comments concerning the attitude and communication of the drs and will report this back to the lead consultants of each site.

Service user feedback

**Service User Feedback Themes**  
**Your Voice is Heard – December 2023 Data ( Babies born 20th October- 19th November)**  
 Response rate KPI- 70%. The service achieved a response rate of 75.5% (the team spoke to 308 families) this is similar to last month which was 75.6% response rate.  
 Of the families that responded in December 89% (253 families) said that they would return to East Kent for their maternity care. This is an increase from November which was 84.6%.  
 In December 3% of families said they were unsure if they would return to EKHUFT (↓4.2% in November) and 6% also said they would not return to EKHUFT for their care (↓7.6% in November). The reasons include:

- The whole care being disorganised

**Actions**  
 In looking at the response rate for the community areas Canterbury (66.7%) and Coastal (64.2%) have the lowest response rates. Canterbury was low last month as well at 69.0%. Thanet response rate which was low last month at 70.4% was the highest this month at 70.4%. This could suggest that the patient experience midwives need to focus on going out in these areas to gather feedback to ensure these voices are heard when the acuity allows.  
 In looking at the IMD the lowest response rate this month have been in the highest level 10- at 62.5%, level 8 62.5% and level 1 at 65.63%. There does seem to be a pattern of Level 1 being in the top 3 of lowest responses but the higher levels seem to fluctuate in their response rate. In terms of number of families there are more in the lowest IMD bracket that have not responded and so that should also be an area where the patient experience midwives go to gather feedback.

- Not being listened to in labour in induction of labour
- Not being listened to in pregnancy concerning pain- effecting mental health
- Lack of continuity of care
- Lack of communication and compassion about sensitive results
- Lack of confidentiality
- Lack of care on labour ward
- Lack of care on PN ward-especially medications being recorded correctly
- Traumatic delivery and perineal problems PN not being listened to
- Lack of choices
- Dr attitude and communication
- Care on the PN ward and lack of compassion
- Lack of trust
- Lack of compassion in examinations
- Attitude and Rudeness of midwives to birthing women/person and partner

(2% of families were not asked as it would have been inappropriate or they did not answer that question)

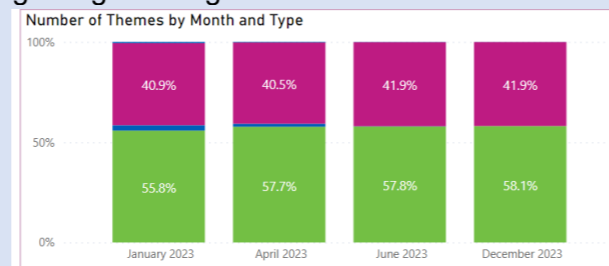
Of the 308 conversations:

- 88% were positive (↑ from 85.5% in November)
- 11% were neutral (↓ from 12% in November)
- 2% were negative (↓ from 2.5% in November)

108 personalised positive feedback emails sent to staff members in November

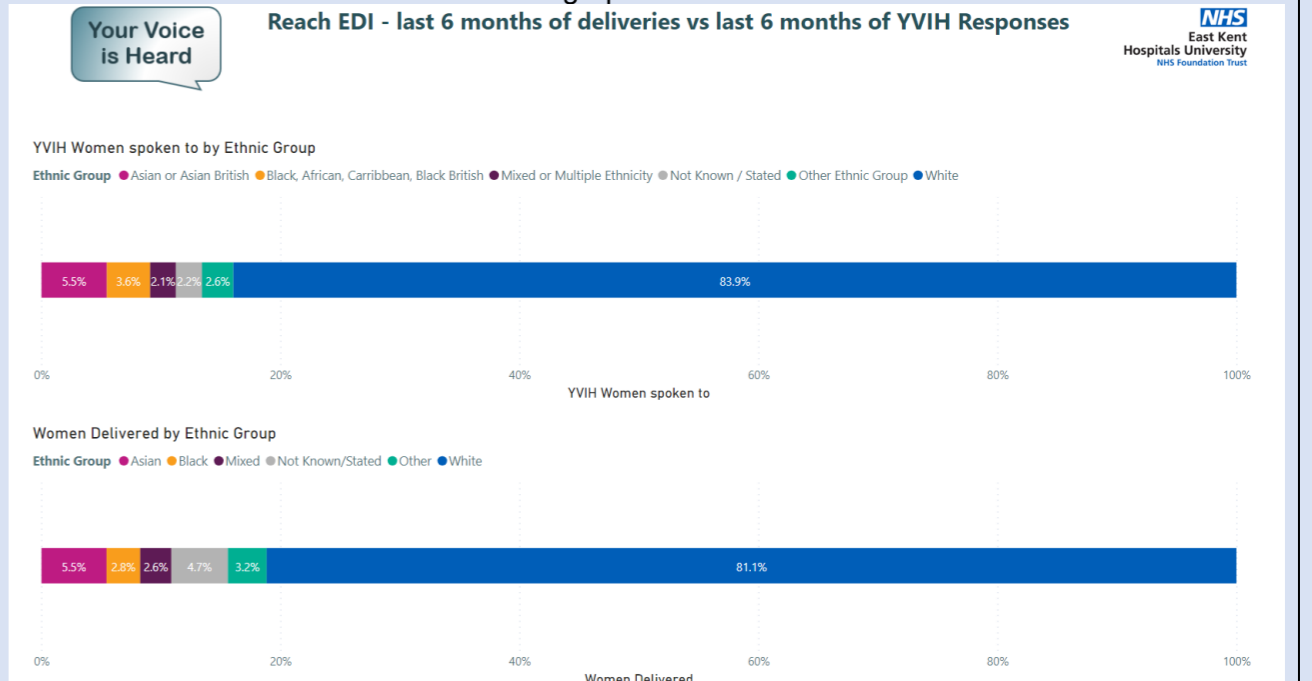
88.5% were positive about Antenatal care (↓ from November 90%)  
 94.7% were positive about Intrapartum care (↑ from November 91.8%)  
 85.9% were positive about Postnatal care (↑ from November 83.9%)

A new theming tracker has been devised with the Business intelligence team which has meant that the theming has been easier and quicker and can also be compared with the FFT data as it uses the main themes used there as well- however with one more level of codes under the main themes. This change of system mean that Decembers data has been themed in time and also should allow the beginning of triangulation of feedback in the coming year to be easier.



It can be seen that across the year and across the site since January 2023 that the positive themes have slowly increase from 55.8% to 58.1%. This has been seen for both acute sites as well however the themes for community have decreased in this last month to 46.8% positive comments.

In examining the ethnicity response rate we have a good response rate from the global majority groups and is a good representation of our families which deliver with EKHUFT as show in the graph below.



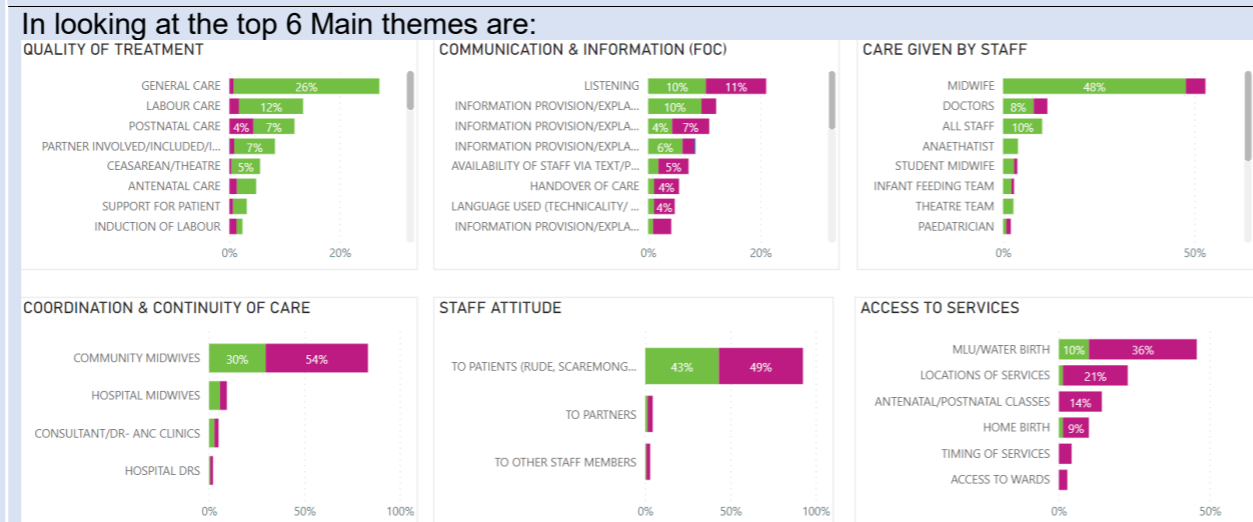
There are more of some ethnic groups than we deliver at the PEM team ask our families what their ethnicity if it states unknown of the call log we get sent. The PEM team would like to go and talk to specific areas in the community for the Global majority groups as they may find it hard to get their voices heard still as it is seen that some of those from the Global majority groups gives less feedback (are on the phone less) even when using a translator than those who are white British.

Unfortunately, the team are unable to do this as present due to working capacity and 1 FT patient experience midwife being on maternity leave- due to return in April 2024.

Actions for the themes:

1. We are aware that PN care is sometimes lacking on the PN ward however there does seem to be some improvements in this area as the overall positive scoring of this area has slightly increased. The issues can sometimes be at WHH and at night where it is mostly covered by agency staff. Matrons at WHH are looking at a quality and improvement project at the WHH with band 7 co-ordinators being on the ward to ensure oversight is there. Regular agency staff are also having training in our IT systems so to be able to increase their capabilities at night.
2. Going forward any families that call up in labour, will be assessed and seen on the delivery suites at WHH therefore should be seen sooner. There is some talk to acquiring more ward space and moving the IOL onto the Folkestone ward and managing the IOL there moving them onto the Labour ward quicker once in labour. The lack of birthing plan could also be due to the lack of continuity in community midwives and decrease in appointment times. To discuss with community matrons. The personalised care plans should also help with these.
3. This is great new and is celebrated with emails going to staff and their matrons when they are mentioned.
4. This is an ongoing issue and has been previously discussed with community Matrons. Very difficult to provide continuity in current climate with challenging staffing. We are trying to recruit to community at present and try to offer some form of continuity where possible. Unfortunately, this is not guaranteed at present. DOM aware this is an issue as well.





1. Quality of Treatment- majority of themes positive although PN care is a significant negative area
2. Communication and Information more negative themes than positive- the main issues and feeling that they are not being listened to ( in labour and IOL in the majority) and the lack of information around a birth/care plan and lack of being able to access community midwives via phone or text.
3. Care given by staff majority of themes positive
4. Coordination and continuity of care- more negative themes than positive- The largest negative theme here is lack of continuity of midwives in the AN period. It has to be noticed that when families do have continuity of care by a midwife that they feel their care is a lot better.
5. Staff attitude more negative themes than positive- staff attitude is 49% negative themes. This is a variety of staff e.g agency midwives, drs, sonographers etc.
6. Access to services more negative themes than positive- this is mainly negative about not having the MLU/ or water births available at both sites. Location of services such as BDH and KCH not being open for triage, or appointments all over the place. No access to AN classes and no access to homebirths,

Emails are now given to families to contact – will review how this is going by asking on the wards and triage to ask how this system is working. To do in March

5. To discuss with the Managers and how we can address this. Email to the lead consultants about some of the issues found with the drs will be sent this month.
6. The WHH MLU is now open and should be a decreasing theme but will not be seen until February's data. Staffing issue for homebirths is something to look at. To contact matrons to find out how many days was the home birth service not available for in the month on December- is there any way to help this, are they being called into the unit or are there not enough staff to be on call.

Decreasing theme:

- Delayed analgesia on the PN ward
- Refreshments for birthing partners although still some comments about the snack boxes not being offered when seen the information on Facebook about these.

To also discuss with the MNVP about adding guest questions onto the YVIH about specific improvement areas such as the community emails to see if this is an improvement which is working.

MVP Feedback

Maternity Voice Partnership feedback	Actions
<p>Walk the Patch QEQM done by the Lead MNVP and Patient Experience</p> <ol style="list-style-type: none"> <li>1. The area was at the time being flooded from adverse weather conditions and had a smell but was being dealt with and patients being taken by staff to other wards to use the toilet</li> <li>2. Responsive phone calls to triage</li> <li>3. Good breastfeeding support with specialist</li> <li>4. Good engagement with birth partner</li> <li>5. Staff were attentive and informative</li> <li>6. Analgesia was offered at regular intervals</li> <li>7. Uncomfortable chair for birth partner overnight</li> <li>8. Community appointments not seen at home always in a clinic</li> <li>9. Community midwife not discussing birth options</li> <li>10. Delayed GDM test</li> <li>11. Miscommunication between sonographer and midwife due to language barrier</li> <li>12. Waiting times at triage</li> </ol>	<p>Walk the Patch QEQM</p> <ol style="list-style-type: none"> <li>1- The issues was dealt with quickly at the time.</li> <li>2- This is good news and was reported back to the triage manager</li> <li>3- This will be reported back to the Infant feeding team</li> <li>4- This is good practice</li> <li>5- This is good practice</li> <li>6- This is showing drug rounds are embedded at QEQM using the new drugs trolley</li> <li>7- This is an issue that has arisen in YVIH as well. Has been discussed with the KG ward manager and the procurement of some new chairs as they also do not have enough recliner chairs for each bed. New different chairs to be purchased that were trialed a few months ago.</li> <li>8- To bring this up with Community matrons to see if this can be offered at later appointments when families may find it harder to drive to clinics.</li> <li>9- A theme that has arisen in YVIH and to be discussed with the community matrons</li> <li>10- Will bring this up with Community matron had a first relative with diabetes</li> </ol>

Any other Feedback acquired (Emails, Facebook, BAT, Tendable etc)	Actions
<p><b>Emails /care opinion/ texts/ facebook</b></p> <ol style="list-style-type: none"> <li>1. Positive care from same sex couple and their surrogate at QEQM</li> <li>2. Negative experience of IOL and birth</li> <li>3. Caesarean section wound not healing</li> <li>4. Negative experience of miscarriage care at WHH</li> <li>5. Lack of communication from midwives to GP about blood results and prescriptions and change of area care.</li> <li>6. Community Midwives not answering phone/texts about not being able to attend an appointment and to reschedule</li> <li>7. Care for hyperemesis leading to a TOP as not managed well</li> </ol> <p><b>Tendable</b> Questions- Inpatient Experience Survey asked on the PN wards at each acute site (the aim is for there to be 50 questionnaires a month- roughly 2 per day). Monthly report not working on site when accessed therefore looked at all surveys filled in</p> <p><b>QEQM</b> had 47 inspections -29 were 100% positive</p> <p>Issues raised and not met</p> <ul style="list-style-type: none"> <li>• Prevented from sleeping at night from noise- 14 (other patients, other babies left to scream</li> <li>• Staff did not explain the reason for changing wards during the night- 2</li> <li>• Did not get enough help from staff to wash or keep themselves clean-1</li> <li>• Did you get enough help from staff to eat and drink-2</li> <li>• Did staff looking after you involve you in decisions about your care and treatment in a way that you could understand-1</li> <li>• Were not involved in decisions about when they were going to leave hospital-2</li> <li>• Do you think the hospital staff did everything they could to help control your pain-1</li> </ul> <p>Patient comments from these questions:</p> <ul style="list-style-type: none"> <li>• Notes too much jargon after baby born about diagnosis and next steps, lots baby notes, appalling administration,</li> <li>• Not offered dinner only lunch,</li> <li>• Staff have lovely but need to be given consistent information during conversations during induction process.</li> <li>• Lots of staff having a 'good time' in the corridor of labour ward rooms. loud unnecessary singing.</li> <li>• I wasn't informed that the epidural could be increased by the anaesthetist only the clicker. It was my own research I knew this.</li> <li>• Overall the care and staff were exceptional, however I understand a 7 day stay is unlikely, however my husband and I had to do this, provisions for long term sleep, for my husband were poor. The chair is broken and design fault makes it hard for anyone over 6ft to sleep. As such for his own sanity he often got in the bed when I was in the chair, but he was told he could no. For long term patient partners consider comfort and offering breakfast at the very least. Holistic care and wellbeing.</li> </ul> <ol style="list-style-type: none"> <li>1. <b>WHH</b> had 23 inspections - 20 were 100% positive</li> </ol> <p>Issues raised and not met:</p> <ul style="list-style-type: none"> <li>• Prevented from sleeping at night from noise-2 families</li> <li>• Did not feel able to talk to member of hospital staff about worries and fears- 2 families</li> </ul>	<p>Emails and Facebook messages are dealt with ASAP and families are called by PEM to try and sort out the issues that they have ASAP.</p> <ol style="list-style-type: none"> <li>1. Have emailed the family to ask for details so we can call for YVIH as we do not have their details on our system, to look at how we can capture this data from our families that use a surrogate.</li> <li>2. Have emailed the patient back to talk about their experience more and offer services but have had no response</li> <li>3. Have emailed the patient back to ask if we could call and directed to Triage. No response as yet</li> <li>4. Unable to answer as anonymous</li> <li>5. Discussed with patient that GP should be able to see blood results and prescribe medication- patient happy with this and to keep in contact with PEM if any other concerns in pregnancy.</li> <li>6. This was via facebook- advised to contact the generic emails for that community team</li> <li>7. This was followed up by PALS</li> </ol> <p><b>Tendable</b></p> <p>HOMs, matrons and managers are looking at making an information leaflet for families at night to try and combat the issues about wards being loud at night.</p> <p>To look at a trust wide induction leaflet to be coproduced for patient information informing them of the process and timeline- to produce with the MNVP</p> <p>Delays and expectations of discharges- a postnatal booklet is going to coproduced this year by spring to give to families as they enter the Postnatal ward- produced with the MNVP and on the MNVP objectives.</p> <p>Similar themes as seen in YVIH and reported back to the Matrons and managers of the areas and community</p>

	<ul style="list-style-type: none"> <li>Were not involved in decisions about when they were going to leave hospital -3 families</li> </ul>																									
<p>Number of Complaints</p>	<p>During December Obstetrics logged 4 formal complaints, please refer to the details below:</p> <table border="1" data-bbox="689 496 2008 707"> <thead> <tr> <th>Site</th> <th>Location</th> <th>Count</th> <th>Category</th> <th>Subcategory</th> </tr> </thead> <tbody> <tr> <td>BHD</td> <td>Maternity day care (BHD)</td> <td>1</td> <td>Clinical management</td> <td>Referral issues</td> </tr> <tr> <td>QEQM</td> <td>Labour ward / delivery suite (QEQM)</td> <td>1</td> <td>Attitude</td> <td>Problems with doctor's attitude</td> </tr> <tr> <td>QEQM</td> <td>Obstetric operating theatre (QEQM)</td> <td>1</td> <td>Surgical management</td> <td>Unexpected outcome / post op complications</td> </tr> <tr> <td>WHH</td> <td>Maternity day care unit (WHH)</td> <td>1</td> <td>Clinical management</td> <td>Referral issues</td> </tr> </tbody> </table> <p>Main themes seen in DECEMBER 2023 Maternity complaints:</p> <ul style="list-style-type: none"> <li>Women reporting their Birth Preferences Document has not been read, especially regarding mental health/anxiety history.</li> <li>Lack of communication about 'complicated' births, or when babies need 'assistance' at birth – lack of debrief.</li> <li>Limited antenatal support for HG sufferers.</li> <li>Post-natal ward – busy, attitude of staff, discharge delays.</li> <li>Delays in antenatal referrals; mental health, physio.</li> </ul>	Site	Location	Count	Category	Subcategory	BHD	Maternity day care (BHD)	1	Clinical management	Referral issues	QEQM	Labour ward / delivery suite (QEQM)	1	Attitude	Problems with doctor's attitude	QEQM	Obstetric operating theatre (QEQM)	1	Surgical management	Unexpected outcome / post op complications	WHH	Maternity day care unit (WHH)	1	Clinical management	Referral issues
Site	Location	Count	Category	Subcategory																						
BHD	Maternity day care (BHD)	1	Clinical management	Referral issues																						
QEQM	Labour ward / delivery suite (QEQM)	1	Attitude	Problems with doctor's attitude																						
QEQM	Obstetric operating theatre (QEQM)	1	Surgical management	Unexpected outcome / post op complications																						
WHH	Maternity day care unit (WHH)	1	Clinical management	Referral issues																						
<p>Listening to women engagement activities and evidence of co-production</p>	<p>MNVP chair for EKHUFT will continue to work collaboratively with the team The 2023/2024 work plan has now been finalised with next steps including walking the patch and 15 steps. Feedback is being continually gathered through YVIH and FFT.</p>																									
<p>Staff feedback from frontline safety champions and walk-about</p>	<table border="1" data-bbox="689 1081 1971 1402"> <thead> <tr> <th>Safety Champions Feedback</th> <th>Actions/Learning</th> </tr> </thead> <tbody> <tr> <td>Human Factors presentation on a never event</td> <td>Presentation shared with the team / LocSSIP Audit in progress</td> </tr> <tr> <td>Concerns highlighted re confidentiality in Triage setting at QEQM</td> <td>Redesign of the Triage department completed opening Monday 11<sup>th</sup> December</td> </tr> <tr> <td>Positive feedback in relation the reopening of the MLU and redecoration of environment</td> <td>MLU opened on the 15<sup>th</sup> December</td> </tr> </tbody> </table>	Safety Champions Feedback	Actions/Learning	Human Factors presentation on a never event	Presentation shared with the team / LocSSIP Audit in progress	Concerns highlighted re confidentiality in Triage setting at QEQM	Redesign of the Triage department completed opening Monday 11 <sup>th</sup> December	Positive feedback in relation the reopening of the MLU and redecoration of environment	MLU opened on the 15 <sup>th</sup> December																	
Safety Champions Feedback	Actions/Learning																									
Human Factors presentation on a never event	Presentation shared with the team / LocSSIP Audit in progress																									
Concerns highlighted re confidentiality in Triage setting at QEQM	Redesign of the Triage department completed opening Monday 11 <sup>th</sup> December																									
Positive feedback in relation the reopening of the MLU and redecoration of environment	MLU opened on the 15 <sup>th</sup> December																									
<p>HSIB/NHSR/CQC or other organisation with a concern or request for action made direct to the Trust</p>	<p>The CQC publication on the 26<sup>th</sup> May Quality rounds have now been implemented and formalised. The findings reported through the MNAG. Key metrics relate to:</p> <ul style="list-style-type: none"> <li>Environmental and infection prevention and control (IPC) weekly rounds. These are now in place and supported by the matron or HOM on each site. These also include hand hygiene and personal protective equipment (PPE) audits.</li> <li>Fresh Eyes compliance – daily audits are in place to review compliance on both sites</li> <li>Equipment safety checks, including resuscitaire checks. Daily monitoring in place, 100% now being reported.</li> <li>Community now included in stop the clock for weekly monitoring of community equipment and safety checks</li> <li>MLU at WHH due to open in December 15<sup>th</sup></li> <li>MLU open status has been added to SitRep</li> </ul>																									
<p>Coroner Reg 28 made directly to the Trust</p>	<p>We have had no Reg 28's received by the trust and there were no PFD's received.</p>																									

## Local Risk Register

Maternity			
Risk	Cause	Effect	Current risk Assessment score
<b>The consultant obstetric workforce cannot meet the needs of the service without additional sessions outside of job planned activity.</b>	<ul style="list-style-type: none"> <li>Number of consultant vacancies across both WHH and QEQM have been out to advert for considerable periods of time (rolling adverts) without successful recruitment.</li> <li>In addition there are currently 4 substantive consultants not doing full on call duties due to OH recommendations. 2 substantive consultants not delivering full on call duties due to job plan changes (leadership and post retirement)</li> <li>This puts significant pressure on the remaining consultant body to cover the on call rota. There are 10 consultants doing on calls (it is a 16 person rota) and these same consultants are then being asked to step down to cover gaps in the registrar and SHO rotas as well as trying to keep elective work going. Agency locums is heavily used to help cover activity.</li> <li>Disparity in the rate of pay for consultants working additional shifts compared to other departments.</li> <li>Middle grade vacancies are a challenge in terms of recruitment due to the inability to provide housing for overseas doctors coming to the UK.</li> </ul>	<ul style="list-style-type: none"> <li>It is becoming increasingly difficult to cover the on call rota:               <ul style="list-style-type: none"> <li>- this is at the expense of benign gynae activity being cancelled to which will have an adverse effect on our waiting lists.</li> <li>- financial impact on the care group with the use of high premium cost agency staff.</li> </ul> </li> <li>Increased pressure on the current consultant workforce leading to burnout - increased sickness and occupational health referrals.</li> <li>Impact on training due to using locums. Possible closure of the unit due to unsafe staffing.</li> <li>Negative impact on restore and recovery work.</li> <li>Consultants less likely to cover additional shifts if paid less than other departments.</li> <li>Ongoing shortages across the obstetric workforce is impacting on the compliance with PROMPT training in terms of delivery as well as participation.</li> </ul>	<b>16</b>
<b>There is a risk of inadequate midwifery staffing levels and skills to meet the needs of women and their families</b>	<ul style="list-style-type: none"> <li>Sub-optimal staffing levels and inability to cover shifts on a daily basis across hospital and community services.</li> <li>Whilst the funded establishment has been increased, recruitment has been slow resulting in insufficient establishment that supports a labour ward coordinator to be supernumerary on every shift supported by a band 7 operational role. Vacancy, maternity leave and sickness impact on staffing</li> <li>NHSP and agency midwifery cover to fill gaps in rotas has been inconsistent with poor uptake, coupled with unreliable agency compliance</li> <li>Lack of Maternity Support Workers at WHH to release Midwifery time</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with fundamentals of care impacting on the clinical outcomes for women and babies</li> <li>Dilution of skill mix due to recruitment of newly qualified band 5s.</li> <li>Inability to provide 1:1 care in labour and supernumerary band 7 labour ward coordinator status</li> <li>Inability to sustain a homebirth service 24/7</li> <li>Inability to sustain Midwifery Led Units on both sites 24/7 (WHH closed)</li> <li>Difficulty in re-establishing appropriate postnatal care at home</li> <li>Concerns raised by the women during feedback sessions over staffing numbers</li> </ul>	<b>16</b>
<b>Inadequate theatre capacity at QEQM for maternity services</b>	<ul style="list-style-type: none"> <li>Currently within maternity services at QEQM there is only one theatre within the maternity setting.</li> <li>There is only one obstetric theatre at QEQM, meaning potential for delays in emergency C/S and if this theatre has issues, the main theatre is some distance from the main obstetric unit.</li> </ul>	<ul style="list-style-type: none"> <li>Impact on theatre capacity</li> <li>elective surgery being done in maternity theatres due to limited main theatre capacity causing an impact on emergency surgery</li> <li>Delays in surgery being undertaken which can impact on patient safety and outcome</li> <li>Overall the impact is that staff are not able to work as effectively as they might and this has a detrimental impact on their ability to ensure high standards of care.</li> <li>Inefficient working and diminished team communication.</li> </ul>	<b>16</b>
<b>Implementation and embedding of effective governance processes within maternity (Currently under review)</b>	<ul style="list-style-type: none"> <li>Ongoing incidents that identify gaps in compliance with local clinical policies and procedures</li> <li>Difficulty in gaining engagement among some teams</li> <li>Capacity in governance team</li> <li>Succession planning in governance team</li> </ul>	<ul style="list-style-type: none"> <li>Avoidable harm to both pregnant women in our care and neonates</li> <li>Rising serious incidents across maternity services</li> <li>Patients are having complaints go unanswered for a lengthy amount of time</li> </ul>	<b>15</b>
<b>Risk of women not being cared for in the right place at the right time due to poor patient flow through maternity at WHH</b>	Bed capacity and high activity/acuity Links to staffing gaps Inefficient discharge processes on the postnatal ward. Discharge processes and monitoring of prescriptions not	Delays in women being transferred to labour and postnatal wards.	<b>12</b>

	always effective. Pharmacy service only provide a limited service to the unit.		
<b>Women having inadequate analgesia throughout labour/postnatal period</b>	Delay in recognition of labour - pain relief management for instrumental inadequate - pain sometimes not recognised and woman not advocated for regarding her pain management and options	Women are at high risk of developing PTSD - increase in complaints - -impact on the woman's mental health -Loss of confidence if service - Impact on future pregnancies	<b>12</b>
<b>Failure to provide defined digital structure for maternity services</b>	There is currently a poorly deployed EPR for maternity care, which is resulting in duplication of record keeping. This is due to a combination of electronic and manual (paper records) documentation. There is a requirement to submit data sets, which support the recommendations aligned to MIS, which also forms part of the assurance for Saving Babies Lives and Ockenden. The current system means that we are unable to support a robust collation of patient data in respect of KPIs as well as service improvement. Due to the duplication of documentation, records may be incomplete, which impedes further governance processes. In addition to the lack of a robust end to end EPR, there are a number of manual processes still in place to deal with patient administration e.g. community midwives use diaries to book appointments, meaning no visibility of workloads. Across community there is variable connectivity, which impedes on deployment of technical solutions that support timely documentation. Across the service there is variable access to computers to aid the timely documentation of care at the bedside. Overall reliance on a number of inefficient manual processes	This has resulted in delays in utilising the MOMA app for all Maternity information for women. In regard to PTL and Euro king they have not been fully implementing resulting in omissions in care Staff having to leave the unit to find a computer/printer. Patient's births not computed in a timely fashion. Information governance breaches of confidentiality possible due to multiple printing on one printer Time taken to maintain a system of double entry prior to going 'paper lite'. Missed payments for maternity tariff. Interim impact on workload across all areas. Maternity records can	<b>9</b>
<b>Community Midwives inability to plot on the GROW chart electronically in real time</b>	Community Midwives inability to plot on the GROW chart electronically in real time	Delay in scan plotting causing a potential risk of scan related issues not being escalated within a timely manner. Waiting times and capacity for women within the Daycare and Emergency Maternity Unit leading to non-compliance to BSOTS	<b>9</b>
<b>QEQM - Regulatory action - Section 31 notice due to risk to safety during fire due to maintenance of fire routes primary and secondary and adherence to fire protocols</b>	Previous fire assessments had not been acted on Fire doors wedged open and mislabelled Clutter in corridors preventing egress	Patients and staff at risk of harm in case of fire	<b>9</b>
<b>Inadequate diabetes pathway for maternity</b>	Current pathway for diabetic women type 1/2 with EKHUFT is not clear Current midwifery support is only for GSD women Maternity guideline out of date Midwives are now direct entry with limited experience of diabetes with no tailored training or specialised service to access	Potential for poor outcomes Potentially cause a delay in women being appropriately managed	<b>9</b>
<b>Non -compliance with new recommendation from the Saving Babies Lives intervention action of using validated blood pressure monitors for use in pregnancy.</b>	After attending the LMNS Peer Group Meeting 24/08/2023 further clarity has been provided about the SBL intervention action of using validated BP monitors for use in pregnancy. This indicates we are non-compliant with the correct BP devices within the Trust. SBL has advised in the meantime, the use of non-compliant devices should be raised in the service risk register. NHS England has provided a list of appropriate monitors that can be purchased. All monitors listed do not appear user friendly, and are all handheld monitors for BP use only (not pulse oximetry etc.) This will require a huge procurement plan and will require all BP monitors to be removed from all acute and community areas to be swapped with one of the listed. If not we will not meet CNST as listed within the Implementation Tool on the following Intervention References: 2.6: As part of the risk assessment for FGR, blood pressure should be recorded using a digital monitor that has been validated for use in pregnancy for all pregnant women. 2.14: When FGR is suspected an assessment of fetal wellbeing should be made including a	No-compliance with safety action number 6, sections 2.6 and 2.14 - Saving Babies Lives care bundle version 3 - intervention action of using validated BP monitors for use in pregnancy. Loss of CNST income if noncompliant. Financial cost of replacement and rollout programme. Training required for new devices.	<b>9</b>

	discussion regarding fetal movements and if required cCTG. A maternal assessment should be performed at each contact. This should include blood pressure measurement using a digital monitor that has been validated for use in pregnancy. Each LMNS Trust raised concerns with the above actions, and the LMNS Quality Lead will take it back to the executives		
<b>Recognition and escalation of deteriorating woman</b>	Possible GAP in training relating to the recognition of deterioration - Direct entry midwives and - Escalation barriers between MDT	Potential increase in harm to woman/babies - Impact of staff resilience - Potential impact of HSIB referrals - Potential impact on patient complaint/claims	9
<b>Insufficient compliance of maternity support forms (MSF) not being completed within the community</b>	Staff awareness of when MSF should be completed.	Increase in incident themes(4 in a 6 month period) of MSFs not being completed by community teams. Impact on social services involvement and women/babies not receiving the right provision of care.	9
<b>Risk to patient safety and organisational reputation due to not achieving safety action number 8 as outlined in CNSTT. The specific risk is in relation to the ability of being able to deliver compliance for PROMPT training across the MDT for maternity</b>	There are two drivers that are impacting on the agility to reach compliance for PROMPT training as it returns to face-to-face. 1. Anaesthetic workforce model and availability to attend as well as deliver training. 2. Obstetric workforce model and availability to attend as well as deliver training.	The effect of not achieving the national recommendations for CNSTT Trust reputation Increased external regulation Non-compliance with training causes a risk with ensuing staff are not up to date with key areas i.e. PROMPT. Further impact on recruitment and retention Ultimately if standards are not met safety of women and babies	9
<b>Neonatal</b>			
<b>Risk</b>	<b>Cause</b>	<b>Effect</b>	<b>Current risk Assessment score</b>
<b>There is a risk that babies will not be seen by SLT dysphagia service in NICU or SCBU in a timely manner due to current vacancy</b>	There is currently a vacant highly specialist 0.6wte SLT post	<ul style="list-style-type: none"> <li>Babies could experience delayed access to SLT assessment for dysphagia</li> <li>Babies could experience delayed discharge from neonatal units</li> <li>Babies could be discharged on ng feeds unnecessarily</li> <li>Babies could suffer with long and short term complications due to unrecognised aspiration</li> <li>delayed access to SLT dysphagia assessment for inpatients on Padua</li> </ul>	9
There is a risk that babies on the NICU at WHH will not be cared for safely due to insufficient QIS nursing staff	Recruitment and retention of QIS staff.	<ul style="list-style-type: none"> <li>Neonatal units unable to cope with increases in activity or acuity. Units closed to admissions. Potential harm to patients.</li> <li>Notification of serious concern received from NHSE QST peer review team 21/11/2017</li> <li>Impact on maternity units due to unavailability of cots and having to move mothers and babies in utero.</li> </ul>	12

Progress in achievement of CNST 10 Safety Standards	<b>Safety Action</b>	<b>Rational for Red/Green status</b>	<b>BRAG status (not due to deliver until Dec 2023)</b>
	1. Use of the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard	Q3 compliant.	
	2. Submitting data to the Maternity Services Data Set to the required standard	Risk around Maternity Information System Provider-Euroking, developing system capability to meet data input quality and submission requirements. Data being submitted more accurately bypassing Euroking. Working as a region to find solutions- Digital Transformation Lead Midwife leasing with LMNS.	

	Final data required for CNST are July ones- final report will be published in October, however from the provisional data it is possible to see that the Trust is compliant.	
3. Demonstrating transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme	<p>Transitional Care will be included on the audit programme from April which will improve data capture and reporting that is currently completed manually.</p> <p>Areas of risk are around capture of ATAIN actions within a central repository to better understand repeat themes. Template to be developed to allow this to be captured within the weekly ATAIN meetings.</p> <p>Need to have an explicit staffing model in place for TC. This is in place for Midwifery team but not Neonatal. Not built into workforce Business case.</p> <p>Q1 report and action plan discussed with LMNS on 19/09</p>	
4. Demonstrating an effective system of clinical* workforce planning to the required standard	<p>Risks around progression of Neonatal Nursing actions from year 3, which require significant investment to increase the workforce.</p> <p>Audits against BAPM standards not yet started but will be led by Dr Munn.</p> <p>Audits against Anaesthetic standards not yet started-Dr Hudsmith and Walters aware of requirements for 6 month audit.</p> <p>Anaesthetic workforce paper was presented at the MNAG in July and at the Trust Board in September</p> <p>Neonatal workforce paper was presented at the MNAG in August and at the Trust Board in September</p> <p>Obstetric workforce paper was presented to LMNS alongside the action plan.</p>	
5. Demonstrating an effective system of midwifery workforce planning to the required standard?	<p>Confident standard can be met. Biannual Midwifery Workforce Paper submitted for May to October reporting period.</p> <p>Supernumerary status and 1:1 care in labour remain under 100%-action plan for year 3 has been incorporated into the workforce workstream.</p>	
6. Demonstrate compliance with all six elements of the Saving Babies' Lives care bundle Version 3	<p>Q1 paper has been produced and presented at the MNAG in July 2023 however, as the new bundle was released recently, SBL leaders are re- collecting Q1 data.</p> <p>The Saving Babies Lives Implementation Tool on the NHS Futures Platform is being used for reporting on implementation of Saving Babies' Lives care bundle Version 3</p> <ul style="list-style-type: none"> <li>• Smoking in pregnancy: <ul style="list-style-type: none"> <li>• Trust is compliant with the CO monitoring at booking and and 36 weeks.</li> <li>• Midwives are testing women at every contact however this is not a data metric. A monthly/quarterly audit can be facilitated.</li> <li>• Smoking status is recorded at every contact but this information is not reflected onto info portal. If needed this can be pulled on a needs basis</li> <li>• The smoking cessation service is currently provided externally by ONEYOU Kent. The referral data is available.</li> <li>• There is a new band 4 smoke free advisor with the aim that the service will be expanded across the rest of the Trust. ICB are currently investigating whether OYK can be bought as "in-reach" on honorary contracts. Ongoing discussions with Finance regarding funding / business case for in-house service expansion.</li> <li>• NRT and some other data is offered by OYK but data are not currently provided. ICB is trying to engage with them to provide this data.</li> <li>• Women are offered NRT if they attend triage but this is not monitored or recorded</li> <li>• This element is partially implemented in all the requirements apart of the first requirement which is fully implemented</li> </ul> </li> <li>• Fetal growth restriction: <ul style="list-style-type: none"> <li>• Current unable to collect data on recommendation for Vitamin D,working with the MIS Lead- if unable to collect, to complete manual audit of 10% bookings per quarter</li> <li>• Risk assessment for FGR recorded at booking metrics needs amendment in line with SBLCBV3</li> <li>• Trust is not compliant with BP monitors in use, this has been added to the Risk Register- action plan evidencing this</li> <li>• No current data collection for Uterine artery Doppler, awaiting meeting with Business Intelligence Lead to get this data on Dashboard</li> <li>• Guideline to be updated against SBLCBV3 standards</li> </ul> </li> </ul>	

- Data for SFH measurements on women low risk FGR currently not taken, BIL meeting to request this data on dashboard. If not collected, audit to be done.
- Training for FH measurements is less than 90%
- Fetal growth guideline currently on draft, to be published prior to Quarter 2
- No audit data for multiple pregnancies, audit planned.
- Data for EFW >3<sup>rd</sup> centile for <39 weeks not currently collected, awaiting meeting with BIL to request this data, if not, audit to be undertaken
- Reduced fetal movements:
  - Dashboard showing 88.6% having computerised CTG. A service evaluation audit will be conducted to assess areas of improvements
  - Data for the use of ultrasound scan by next working day is not currently collected-awaiting meeting with BIL, if not, audit to be undertaken
  - Data for IOL where RFM is the only indication are not currently collected. Awaiting meeting with BIL or audit to be undertaken.
- Fetal monitoring (Becky Ducane)
  - Dashboard currently demonstrates that compliance is above 90%, current data does not include NHSP staff or agency staff. All staff temporary staff will now be booked onto fetal monitoring training prior to providing care to women or birthing people in EKHUFT. Fetal monitoring team to liaise with BT to see if this data can be added to the PTL as an additional staff group to demonstrate compliance of this group
  - SOP to be developed to detail training requirements of midwives recruited through NHSP or agencies.
  - SOP amended for the assessment of staff providing fetal monitoring with an increased pass mark of 85% and a support pathway for staff who do not achieve the pass mark
  - Risk assessment at the onset of labour for Q1 demonstrates that compliance with the completion of this assessment is below the minimum target of 80% on both sites. The auditors noted that the tool was not available in all the clinical documentation and this has now been rectified and this will continue to be audited for Q2.
  - Regular systematic review of maternal and fetal well being for continuous electronic fetal monitoring and intermittent auscultation audit data from Q1 demonstrates that we were below the 80% minimum target and an action plan has been developed to increase compliance. Q2 data will be reviewed at the end of September. Stop the clock data has demonstrated an increase in compliance with systematic assessment for continuous electronic fetal monitoring with compliance at or above 80%
- Preterm Birth
  - Data for less than 27 weeks, less than 28 weeks and any gestation with an EFW less than 800 grams to be divided in order to have individual metrics.
  - No current metrics on IV antibiotics for PTB, planning to introduce this question onto Euroking.
  - To request to BIL data for MBM given
- Management of diabetes in pregnancy (Hillary Purkess)
  - Women with type 1 diabetes are offered real time continuous glucose monitoring (CGM)
  - Pathways for referral to the regional maternal medicine for women with complex diabetes require development
  - Women with diabetes have a third trimester HbA1c, with increased surveillance as indicated
  - Guideline on diabetes in pregnancy requires update to encompass / strengthen wording around existing care provision
- One stop clinics require development
- Further audit required
- Data is submitted to the NPID audit, but an action plan is required in relation to this data
- There is engagement with wider regional and national Diabetes Clinical networks
- Pathway between maternity services, emergency departments and acute medicine for the management of women presenting with DKA during pregnancy is to be developed and agreed
- Ongoing discussion is taking place with LMNS about reporting period for outcome indicators via the NPID dashboard



	<p>7. Demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local services</p>	<p>Work continues with the MVP to coproduce plans to address concerns raised by women</p>	
	<p>8. a. Evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? b. In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, Multiprofessional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4</p>	<p>Anaesthetic workforce attending multi-professional maternity emergencies training day. Attendance is improving. Working with anaesthetic leads to address gap, supported by CMO.</p>	
	<p>9. Demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues</p>	<p>MatNeoSip Quality Improvement work aligned to the National Driver continue around Perinatal Optimisation bundle of care. Safety Champion Walkabouts and feedback sessions continue monthly on each site. Actioning of concerns are captured in a repository and themes are included in PQST report. Midwifery Continuity of Carer remains on hold as previously reported.</p>	
	<p>10. Reporting 100% of qualifying 2023/2024 incidents under NHS Resolution Early Notification scheme</p>	<p>6 cases during reporting period. Quarter 1 report received by MNAG July 2023 and Board for Sept. Quarter 2 report received by MNAG October 2023 and Board for November Quarter 3 report received by MNAG January 2024 and Board for February Risk - Ockenden and CNST require 100% compliance.</p>	
<p>Proportion of midwives responding with AGREE or Strongly Agree on whether they would recommend their Trust as a place to work or receive treatment (reported annually)</p>			
<p>Proportion of specialty trainees in obstetrics and gynaecology responding with AGREE or Strongly Agree on whether they would recommend their Trust as a place to work or receive treatment (reported annually)</p>			
<p>Outstanding Ockenden recommendations</p>			

## 24/13.1 – APPENDIX 1

### Glossary

CCG: Care Quality Commission

CNST: Clinical Negligence Scheme for Trusts. An insurance scheme whereby NHS organisations pay an annual premium to mitigate against the cost of clinical negligence claims

CNST: Maternity Incentive Scheme. Aims to support the delivery of safer maternity care through an incentive element to trusts CNST insurance contributions. The maternity pricing is inflated by 10% which trusts are incentivised to recover through the delivery of 10 safety actions.

DATIX: The trusts incident reporting system

ENS: Early Notification Scheme. FFT-Friends and Family Test. A quick anonymous survey for service users to give views after receiving care or treatment and for staff to feedback on whether they would recommend as a place to work or receive treatment.

HSIB: Healthcare Safety Investigation Branch. Independent investigation body tasked with carrying out investigations and reporting using a standardised approach without attributing blame or liability

IEA: Immediate and Essential Actions (in relation to the Ockenden Report Recommendations December 2020)

Kleihauer test: A test performed to understand if there is any fetal blood in the maternal circulation on Rh-negative mothers. The test should be done and any subsequent Anti D immunoglobulin administered within 72 hours of delivery, sensitising event (i.e. abdominal trauma) or invasive procedure.

MIS: Maternity Information System. At East Kent we use Euroking as our MIS provider

MNAG: Maternity and Neonatal Assurance Group. Governance reporting forum.

MSDS: Maternity Services Data Sets. A patient level data set that captures information about activity carried out by Maternity Services relating to mother and baby(s), from the point of the first booking appointment until discharge from maternity services

MVP: Maternity Voices Partnership. A team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

NLS: Neonatal Life Support Training

NHSR: NHR Resolution

Partogram: A tool used to monitor labour and prevent prolonged and obstructed labour focusing on observations related to maternal, fetal condition and labour progress.

PMRT: Perinatal Mortality Review Tool. Aims to support a standardised process of perinatal mortality reviews, learning reporting and actions to improve care across NHS maternity and neonatal units.

PROMPT: Practical Obstetric Multi-Professional Training. Covers the management of a range of obstetric emergency situations

SBLCBv2: Saving Babies Lives Care Bundle Version 2. A care bundle for reducing perinatal mortality

Uterine artery Doppler screening: An ultrasound scan that uses waveform analysis in the second trimester of pregnancy as a predictive marker for the later development of preeclampsia and fetal growth restriction.

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Maternity and Neonatal Improvement Programme (MNIP) – Progress Report

Workstream 1 – Developing a positive culture

Meeting date: 4 April 2024

Board sponsor: Chief Nursing and Midwifery Officer (CNMO)

Paper Author: Maternity Improvement and Transformation Programme Manager

Appendices:

Appendix 1: MNIP Workstream 1 Charter

Executive summary:

<b>Action required:</b>	<b>Assurance</b>														
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 1 from the Maternity and Neonatal Improvement Programme.														
<b>Workstream SRO:</b>	Chief People Officer														
<b>Care Group Lead:</b>	Director of Midwifery (DoM)														
<b>Progress and successes:</b>	<p>There are <b>five</b> high level milestones (recommendations) within Workstream 1 – Developing a positive culture. Two of these are due to complete in Year 1, and three in Year 2.</p> <p>There are 17 deliverables (actions) across the five milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. All work is either in progress and on track, or complete.</p> <p><b>Year 1 (2023/24)</b></p> <table border="1"> <thead> <tr> <th>Workstream 1 Milestones (Recommendations)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td><b>Implementation of Inclusion and Respect Charter</b></td> <td><b>On track</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member</li> </ul> </td> <td>On track</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Alignment to Trust-level Inclusion and Respect Charter once published</li> </ul> </td> <td>Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values</li> </ul> </td> <td>On track</td> </tr> <tr> <td><b>Completion of the SCORE survey</b></td> <td><b>On track</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Identified areas for quality improvement through gap analysis of SCORE results</li> </ul> </td> <td>On track</td> </tr> </tbody> </table>	Workstream 1 Milestones (Recommendations)	Status	<b>Implementation of Inclusion and Respect Charter</b>	<b>On track</b>	<ul style="list-style-type: none"> <li>Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member</li> </ul>	On track	<ul style="list-style-type: none"> <li>Alignment to Trust-level Inclusion and Respect Charter once published</li> </ul>	Complete	<ul style="list-style-type: none"> <li>Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values</li> </ul>	On track	<b>Completion of the SCORE survey</b>	<b>On track</b>	<ul style="list-style-type: none"> <li>Identified areas for quality improvement through gap analysis of SCORE results</li> </ul>	On track
Workstream 1 Milestones (Recommendations)	Status														
<b>Implementation of Inclusion and Respect Charter</b>	<b>On track</b>														
<ul style="list-style-type: none"> <li>Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member</li> </ul>	On track														
<ul style="list-style-type: none"> <li>Alignment to Trust-level Inclusion and Respect Charter once published</li> </ul>	Complete														
<ul style="list-style-type: none"> <li>Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values</li> </ul>	On track														
<b>Completion of the SCORE survey</b>	<b>On track</b>														
<ul style="list-style-type: none"> <li>Identified areas for quality improvement through gap analysis of SCORE results</li> </ul>	On track														

Additional successes of Year 1 so far have been:

- MNIP coproduction and engagement events held in June 2023 and January 2024; feedback from both events has been extremely positive and underpins the 'positive culture' ethos of working better together.
- Frontier Leadership – 'Strength of the Pack' – culture and leadership session focused on teamwork, and introduced the concept of 'followership'. Delegate feedback was very positive with self-identified learning to implement into daily practice.
- Civility Saves Lives; two sessions delivered in May 2023 by external provider in addition to a local session delivered by Head of Midwifery (HoM) and Consultant Obstetrician about understanding the impact of our own behaviour on others. Further dates planned for B7 managers during 2024.
- Band 7 Awaydays with focus on leadership and teamworking.
- Matron Awaydays with focus on leadership and teamworking.
- Procurement of coaching for Heads of Midwifery & Gynaecology.
- Senior team attending 'Leading with Kindness' facilitated by external provider at a session arranged by Chief Executive Officer (CEO).

## Year 2 (2024/25)

Workstream 1 Milestones (Recommendations)	Status
<b>Delivery of NHS England (NHSE) Culture and Leadership Programme (CLP)</b>	<b>On track</b>
<b>Delivery of Trust-level leadership development programme for those recruited into leadership posts</b>	
<ul style="list-style-type: none"> <li>• A programme based on nationally recognised workforce culture assessment tools / frameworks e.g. NHSI CLP</li> </ul>	Complete
<ul style="list-style-type: none"> <li>• Perinatal Quality Leadership Programme for Care Group Quad</li> </ul>	Complete
<ul style="list-style-type: none"> <li>• Alignment to Royal College of Obstetricians &amp; Gynaecologists (RCOG) Leadership and Management Framework</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Use of acquired skills and learning to demonstrate compassionate leadership and nourish a safe working environment</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Improved capacity of resources to deliver services due to improved workforce morale</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Implementation of the Trust-level Leadership Behaviours Framework once published; linked to a re-launch of the Trust values</li> </ul>	Complete
<ul style="list-style-type: none"> <li>• Wider workforce opportunities through statutory and mandatory training programme to include values and behaviours of leaders across the service</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Embedded process and practice for managing behaviours that do not meet Trust values</li> </ul>	On track
<b>Structured escalation processes for raising concerns for the workforce and service users outside of clinical situations*</b>	<b>On track</b>
<i>*Clinical escalation in Workstream 3 – Clinical pathways</i>	
<ul style="list-style-type: none"> <li>• Freedom to Speak Up (FTSU) Guardians listen to, act upon and respond openly and effectively to concerns</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Workforce access to FTSU training</li> </ul>	On track

	<ul style="list-style-type: none"> <li>• Clear, available and accessible processes of escalation for the workforce and service users</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>• Visible leadership and presence in the clinical setting</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Evidence of 'you said, we did' in relation to staff concerns and patient concerns</li> </ul>	
	Submission of annual Freedom to Speak Up data is being progressed by the FTSUG and is due to be shared with the National Guardian's Office (NGO) in-line with their escalation criteria.	
<b>Risks and issues:</b>	<p>This workstream is on track and has exceeded expectations for Year 1 in what has been achieved however, we recognise that it takes considerable time to harness trust to lead a change a culture to reverse the impact of historical negative experiences. Therefore, improvements will take time to be reflected in every day practice.</p> <p>It should also be recognised that some measures such as the NHS Staff Survey, and Care Quality Commission (CQC) Maternity Survey are annual events so the results will always be reporting the previous year's position.</p>	
<b>Escalations:</b>	<b>There are no matters for escalation.</b>	
<b>Key recommendations:</b>	The Board of Directors is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, and Quality and Safety Committee.	

#### Implications:

<b>Links Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR118 – Organisational culture.
<b>Resource:</b>	Y. Programme Lead, Executive Senior Responsible Officer (SRO), Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

#### Assurance route:

Previously considered by: NHSE Maternity Improvement Advisor, Director of Midwifery

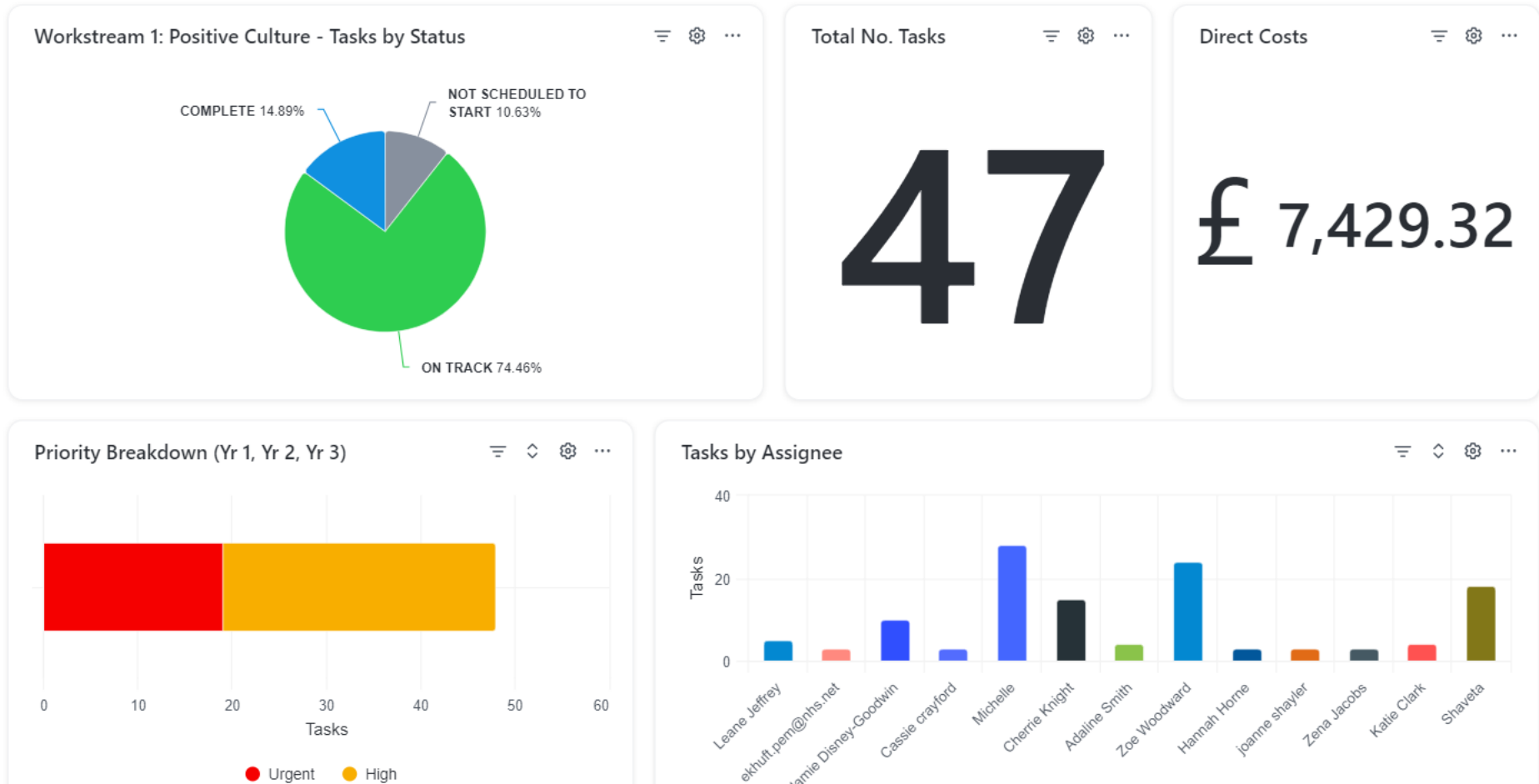


**East Kent  
Hospitals University**

NHS Foundation Trust

**MNIP Workstream 1 – Positive culture - Dashboard**

The MNIP deliverables are managed through productivity software called ClickUp. Within the five milestones and 17 deliverables of Workstream 1 are 47 tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1 / Year 2 MNIP priorities and how they have been allocated across the workforce.



**Priority key code**

MNIP Yr. 1     MNIP Yr. 2

## Workstream 1: Developing a Positive Culture

**Objective:** To build an inclusive culture where staff feel safe, valued, listened to and supported to deliver kind and compassionate, person-centred care

**Executive Senior Responsible Officer (SRO):** Chief People Officer

## Maternity and Neonatal Improvement Programme

**Associated Document:** Reading the Signals, October 2022 – Dr Bill Kirkup CBE

High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure																														
<ul style="list-style-type: none"> <li>❖ Delivery of NHSI Culture and Leadership Programme (CLP)</li> <li>❖ Delivery of Trust-level leadership development programme for those recruited into leadership posts</li> </ul>	<p>March 2025</p> <p><i>(Aligned to Trust Pillars of Change and timeframes)</i></p>	<p>The workforce provides care with professionalism, kindness, compassion and respect whilst feeling listened to by an inclusive leadership team</p> <p>There are opportunities for routine welfare checks across the workforce to support and maintain a culture of consideration of others, and their mental wellbeing</p> <p>Service users feel they receive professional, kind, compassionate, inclusive, personalised care and support</p> <p>The workforce and managers alike are in receipt of, and provide, personalised leadership that consistently exhibits the Trust values and behaviours</p>	1. A programme based on nationally recognised workforce culture assessment tools / frameworks e.g. <a href="#">NHSI CLP</a>	<b>COMPLETE</b> NHSE/I CLP implemented Phase 1 – Development days Phase 2 – SCORE Survey Phase 3 – Culture conversations	<ul style="list-style-type: none"> <li>Register of Change Managers appointed through <a href="#">NHSE/I</a> Culture and Leadership Programme (CLP) and outputs from their programme of work</li> </ul>	2 x Change Managers appointed and completing CLP training sessions. <b>Phase 3</b> to commence Feb 2024																														
			2. Perinatal Quality Leadership Programme for Care Group Quad	<b>COMPLETE</b> 8 x Development days attended	<ul style="list-style-type: none"> <li>Perinatal Quality Leadership Programme completion</li> </ul>	<b>Phase 1</b> - 8 x Development days attended																														
			3. Alignment to Royal College of Obstetricians & Gynaecologists ( <a href="#">RCOG</a> ) <a href="#">Leadership and Management Framework</a>	<b>ON TRACK</b> TBA	<ul style="list-style-type: none"> <li>85% attendance of the senior medical workforce or doctors in leadership roles on the Trust Leadership Development Programme</li> </ul>	TBA																														
			4. Use of acquired skills and learning to demonstrate compassionate leadership and nourish a safe working environment	<b>ON TRACK</b> TBA	<ul style="list-style-type: none"> <li>Refer to <i>outputs 5 &amp; 6 and associated measures</i></li> </ul>	Refer to measures for outputs 5 & 6																														
			5. Improved capacity of resources to deliver services due to improved workforce morale	<b>ON TRACK</b> The aim to see improved trends in NHS Staff Survey / pulse survey results - pending	<ul style="list-style-type: none"> <li>Yearly <b>improved</b> trends in <a href="#">NHS Staff Survey</a> / <a href="#">Quarterly Pulse Survey results</a></li> </ul>	<table border="1"> <thead> <tr> <th colspan="5">Quarterly Pulse Results (Q2)</th> </tr> <tr> <th></th> <th>Ntl 22/23</th> <th>EKHUFT 22/23</th> <th>Ntl 23/24</th> <th>EKHUFT 23/24</th> </tr> </thead> <tbody> <tr> <td>Engagement</td> <td>6.62</td> <td>6.34</td> <td>6.67</td> <td>↓ 6.28</td> </tr> <tr> <td>Motivation</td> <td>6.74</td> <td>6.79</td> <td>6.83</td> <td>↓ 6.72</td> </tr> <tr> <td>Advocacy</td> <td>6.65</td> <td>5.96</td> <td>6.67</td> <td>↓ 5.83</td> </tr> <tr> <td>Involvement</td> <td>6.46</td> <td>6.28</td> <td>6.49</td> <td>↑ 6.30</td> </tr> </tbody> </table>	Quarterly Pulse Results (Q2)						Ntl 22/23	EKHUFT 22/23	Ntl 23/24	EKHUFT 23/24	Engagement	6.62	6.34	6.67	↓ 6.28	Motivation	6.74	6.79	6.83	↓ 6.72	Advocacy	6.65	5.96	6.67	↓ 5.83	Involvement	6.46	6.28	6.49	↑ 6.30
			Quarterly Pulse Results (Q2)																																	
				Ntl 22/23	EKHUFT 22/23	Ntl 23/24	EKHUFT 23/24																													
			Engagement	6.62	6.34	6.67	↓ 6.28																													
Motivation	6.74	6.79	6.83	↓ 6.72																																
Advocacy	6.65	5.96	6.67	↓ 5.83																																
Involvement	6.46	6.28	6.49	↑ 6.30																																
6. Implementation of the Trust-level Leadership Behaviours Framework once published; linked to a re-launch of the Trust values	<b>COMPLETE;</b> Shared and included in appraisal template	<ul style="list-style-type: none"> <li><b>Improved</b> NHS Staff survey results re: Bullying and Harassment, and poor behaviours [<b>People Promise 4 (PP4) – we are safe and healthy</b>]</li> </ul>	<table border="1"> <thead> <tr> <th colspan="5">NHS Staff Survey Result</th> </tr> <tr> <th></th> <th>Ntl Avg.</th> <th>Mat. 2022</th> <th>Ntl Avg.</th> <th>Mat. 2023</th> </tr> </thead> <tbody> <tr> <td><b>PP 4</b></td> <td>5.9</td> <td>4.8</td> <td>TBA</td> <td>TBA</td> </tr> </tbody> </table>	NHS Staff Survey Result						Ntl Avg.	Mat. 2022	Ntl Avg.	Mat. 2023	<b>PP 4</b>	5.9	4.8	TBA	TBA																		
NHS Staff Survey Result																																				
	Ntl Avg.	Mat. 2022	Ntl Avg.	Mat. 2023																																
<b>PP 4</b>	5.9	4.8	TBA	TBA																																
7. Wider workforce opportunities through statutory and mandatory training programme to include values and behaviours of leaders across the service	<b>ON TRACK</b> TBA	<ul style="list-style-type: none"> <li>85% completion of the B7 Connected training by the midwifery leadership / management workforce</li> </ul>	52 B7 Managers completed training (X%)																																	
8. Embedded process and practice for managing behaviours that do not meet Trust values	<b>ON TRACK</b> EKHUFT Resolution Policy outcomes	<ul style="list-style-type: none"> <li>Downward trend in complaints/concerns about poor staff attitude, communication, and people not feeling listened to</li> </ul>	<table border="1"> <thead> <tr> <th colspan="5">Complaints relating to 'Communication/Attitude'</th> </tr> <tr> <th></th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td></td> <td>38</td> <td>32</td> <td>33</td> <td>↑ 66</td> </tr> </tbody> </table>	Complaints relating to 'Communication/Attitude'						2020	2021	2022	2023		38	32	33	↑ 66																		
Complaints relating to 'Communication/Attitude'																																				
	2020	2021	2022	2023																																
	38	32	33	↑ 66																																

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Maternity and Neonatal Improvement Programme (MNIP) – Progress Report**

**Workstream 2 – Developing and sustaining a culture of safety, learning and support**

Meeting date: **4 April 2024**

Board sponsor: **Chief Nursing and Midwifery Officer (CNMO)**

Paper Author: **Maternity Improvement and Transformation Programme Manager**

Appendices:

Appendix 1: MNIP Workstream 2 Charter

Executive summary:

<b>Action required:</b>	<b>Assurance</b>																				
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 2 from the Maternity and Neonatal Improvement Programme.																				
<b>Workstream SRO:</b>	Chief People Officer																				
<b>Care Group Lead:</b>	Deputy Director of Midwifery																				
<b>Progress and successes:</b>	<p>There are <b>ten</b> high level milestones (recommendations) within Workstream 2 – Developing and sustaining a culture of safety, learning and support. Seven of these are due to complete in Year 1, and three in Year 2.</p> <p>There are 32 deliverables (actions) across the ten milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. Two areas are 'off track' and all others are either on track or complete.</p> <p><b>Year 1 (2023/24)</b></p> <table border="1"> <thead> <tr> <th><b>Workstream 2 Milestones (Recommendations)</b></th> <th><b>Status</b></th> </tr> </thead> <tbody> <tr> <td><b>Clear patient-safety related backlogs</b></td> <td><b>Off track</b></td> </tr> <tr> <td>• No. overdue 'open' incidents</td> <td>Off track</td> </tr> <tr> <td>• No. overdue 'open' serious incidents</td> <td>Complete</td> </tr> <tr> <td>• No. overdue 'open' complaints responses</td> <td>Complete</td> </tr> <tr> <td>• No. expired guidelines</td> <td>Off track</td> </tr> <tr> <td>• No. expired patient information leaflets</td> <td>Off track</td> </tr> <tr> <td><b>Compliance with 10 x Safety Actions within Clinical Negligence Scheme for Trusts (CNST) Year 5</b></td> <td><b>Complete</b></td> </tr> <tr> <td>• Gap analysis of CNST Year 5 with current Trust performance against ten safety actions to identify areas for improvement</td> <td>Complete</td> </tr> <tr> <td>• Development of local guidance and a project plan to successfully implement and achieve compliance with</td> <td>Complete</td> </tr> </tbody> </table>	<b>Workstream 2 Milestones (Recommendations)</b>	<b>Status</b>	<b>Clear patient-safety related backlogs</b>	<b>Off track</b>	• No. overdue 'open' incidents	Off track	• No. overdue 'open' serious incidents	Complete	• No. overdue 'open' complaints responses	Complete	• No. expired guidelines	Off track	• No. expired patient information leaflets	Off track	<b>Compliance with 10 x Safety Actions within Clinical Negligence Scheme for Trusts (CNST) Year 5</b>	<b>Complete</b>	• Gap analysis of CNST Year 5 with current Trust performance against ten safety actions to identify areas for improvement	Complete	• Development of local guidance and a project plan to successfully implement and achieve compliance with	Complete
<b>Workstream 2 Milestones (Recommendations)</b>	<b>Status</b>																				
<b>Clear patient-safety related backlogs</b>	<b>Off track</b>																				
• No. overdue 'open' incidents	Off track																				
• No. overdue 'open' serious incidents	Complete																				
• No. overdue 'open' complaints responses	Complete																				
• No. expired guidelines	Off track																				
• No. expired patient information leaflets	Off track																				
<b>Compliance with 10 x Safety Actions within Clinical Negligence Scheme for Trusts (CNST) Year 5</b>	<b>Complete</b>																				
• Gap analysis of CNST Year 5 with current Trust performance against ten safety actions to identify areas for improvement	Complete																				
• Development of local guidance and a project plan to successfully implement and achieve compliance with	Complete																				



	CNST supported by clearly defined roles and responsibilities for each of the ten safety actions	
	<ul style="list-style-type: none"> <li>Monthly local and regional CNST reporting using the Perinatal Quality Surveillance Tool (PQST) to demonstrate month-on-month progress against the ten safety actions within the CNST framework</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Shared knowledge and awareness of Maternity Services Data Set (MSDS) with monthly results and trends used to compliment identified areas for improvement</li> </ul>	Complete Plans to share wider through digital Quality & Safety Boards
	<b>Implement Maternity and Neonatal Quality and Safety Framework v3 (to replace current Risk Management Strategy v2)</b>	<b>Off track</b>
	<ul style="list-style-type: none"> <li>Embedded governance structure with clear reporting lines from ward to Board (includes representation of Maternity at Trust Board) with supporting terms of reference that define purpose and membership, and a suite of template documents for professional presentation, consistency and standardisation</li> </ul>	Off track
	<ul style="list-style-type: none"> <li>Standardised processes for managing patient safety activities (including escalation and/or referral criteria), patient experience, and clinical effectiveness activities</li> </ul>	Off track
	<ul style="list-style-type: none"> <li>Alignment of local guidelines to the Trust-level 'Development and Management of Trust Policies' with a clear local governance process for derogation</li> <li>from national guidelines</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Implementation of agreed annual clinical audit plan – why is this off track?</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Alignment to 3-Year Single Delivery Plan for Maternity and Neonatal Services Theme 3: Developing and sustaining a culture of safety, learning, and support</li> </ul>	On track
	<b>Implementation of NHS Patient Safety Incident Review Framework (PSIRF)</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>Alignment to Trust-level preparations and plans in readiness for the roll-out of PSIRF, including plans for engaging and involving patients, families and staff following a patient safety incident</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Refresh of Datix incident reporting system – aligned to Trust-level Datix upgrade work - to align to future case management, monitoring and reporting requirements</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Implementation of Independent Safety Advisor (ISA) role to support learning, and service improvements</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>"Finding signals among noise" and taking learning from data to inform areas for improvement, that contribute to the Training Needs Analysis (TNA)</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Specialist training for roles involved with delivery, engagement, and oversight of PSIRF</li> </ul>	On track
	<ul style="list-style-type: none"> <li>A proactive and coproduced culture of learning using recognised PSIRF Learning Tools</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Lessons are learned, identified and shared to inform a cycle of continuous improvement through the Trust's 'We Care' quality improvement framework; underpinned by an Appreciative Inquiry approach</li> </ul>	On track
	<b>Publication of updated Maternity Dashboard with agreed performance and outcome measures</b>	<b>Complete</b>
	<ul style="list-style-type: none"> <li>Collaboration with NHS England (NHSE) 'Making Data Count' team</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Alignment to the national requirement for the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use</li> </ul>	Complete

<b>Sustained compliance with environmental daily checks</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>• Collaborative working with Infection Prevention Control (IPC), and Estates teams to complete quality checks and arrange remedial and/or repair/replacement works</li> </ul>	On track
<ul style="list-style-type: none"> <li>• ‘Stop the clock’ assurance process of daily, weekly and monthly environmental safety checks</li> </ul>	Complete
<b>Coproduction of Maternity and Neonatal guidelines, and patient information</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>• Establishment and use of stakeholder engagement and involvement forums to gain feedback, thoughts and ideas for guideline and patient information development</li> </ul>	On track

Additional successes of Year 1 so far have been:

- Appointment of a substantive Head of Governance
- Away day with Governance team to plan year 2 priorities. This includes a Kirkup family members as a key note speaker

## Year 2 (2024/25)

<b>Workstream 2 Milestones (Recommendations)</b>	<b>Status</b>
<b>Achievement of local safety measures to support national maternity safety ambition to halve rates of perinatal mortality from 2010, by 2025</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>• Implementation of Saving Babies Lives Care Bundle (SBLCB) v3 through Workstream 3 – Clinical Pathways</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Implementation of Maternity and Neonatal Safety Champions as a point of contact to raise concerns, with established governance processes for sharing learning/escalation of concerns</li> </ul>	Complete
<b>Compliance with 15 x Immediate and Essential Actions (IEAs) of Ockenden (Final) – March 2022</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>• Gap analysis of 15 x IEAs with current Trust performance to identify remaining areas for improvement to be included in supporting project plan</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Sustained delivery of the 15 x Immediate and Essential Actions (IEAs)</li> </ul>	On track
<b>Care Quality Commission (CQC) ‘Good’ rating</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>• Programme of local quality assurance checks and ongoing monitoring based on the CQC assessment framework</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Joint working with corporate services to implement and escalate necessary improvements including (but not excluded to) Pharmacy, Safeguarding, Infection Prevention Control, Medical Devices, and Estates</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Delivery of all must and should do requirements identified through the CQC inspection of EKHUFT Maternity Services in January 2023</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Routine completion and benchmarking against the Maternity Self-Assessment Tool</li> </ul>	Not yet started
<ul style="list-style-type: none"> <li>• Compliance with ‘Well-led’ and ‘Safe’ CQC domains to meet requirements of the Maternity Safety Support Programme (MSSP)</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Regulatory compliance reporting through governance forums including (but not excluded to) Women’s Health Care Group Governance meeting, CQC Oversight and</li> </ul>	Complete

	Assurance Group, Maternity and Neonatal Assurance Group (MNAG)
<b>Risks and issues:</b>	<p>The PSIRF model is being led at Trust-level by the Corporate Risk / Patient team(s) and so Maternity compliance of this milestone is reliant on the preparedness of the organisation to enable alignment at care group level.</p> <p>It is acknowledged that the benefit of achieving some of the milestones within this workstream will be realised over a period of time so there is a need to allow time for new ways of working to have an impact on e.g. themes and trends, and survey results.</p>
<b>Escalations:</b>	<ol style="list-style-type: none"> <li><b>1. Clear patient-safety related backlogs;</b> The backlogs i.e. Datix incidents and SI actions have been significantly reduced and on track for being cleared. There are currently 43 guidelines needing a review. The Director of Midwifery (DoM) and Associate Medical Director for Women's Health have met with the team to confirm a trajectory for completion by March 2024, which is in line with the CQC action plan. Once this is completed Patient Information Leaflets (PILs) will need to be prioritised.</li> <li><b>2. Implement Maternity and Neonatal Quality and Safety Framework v3 (to replace current Risk Management Strategy v2);</b> this will be back on track following a care group review of governance reporting structures to align to the recently published organisational governance framework</li> </ol>
<b>Key recommendations:</b>	<p>The Board of Directors is asked to acknowledge that the completion date for milestone 1 (clear patient-safety related backlogs) has passed, and whilst significant progress has been made in relation to the closure of open Datix incidents and SI actions, that there are some guidelines and PILs that are currently out of date. Mitigations are being implemented by the care group pending the start date of the recently appointed and substantive Head of Governance.</p> <p>The Board of Directors is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, and Quality and Safety Committee.</p>

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR118 – Organisational culture.
<b>Resource:</b>	Y. Programme Lead, Executive Senior Responsible Officer (SRO), Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

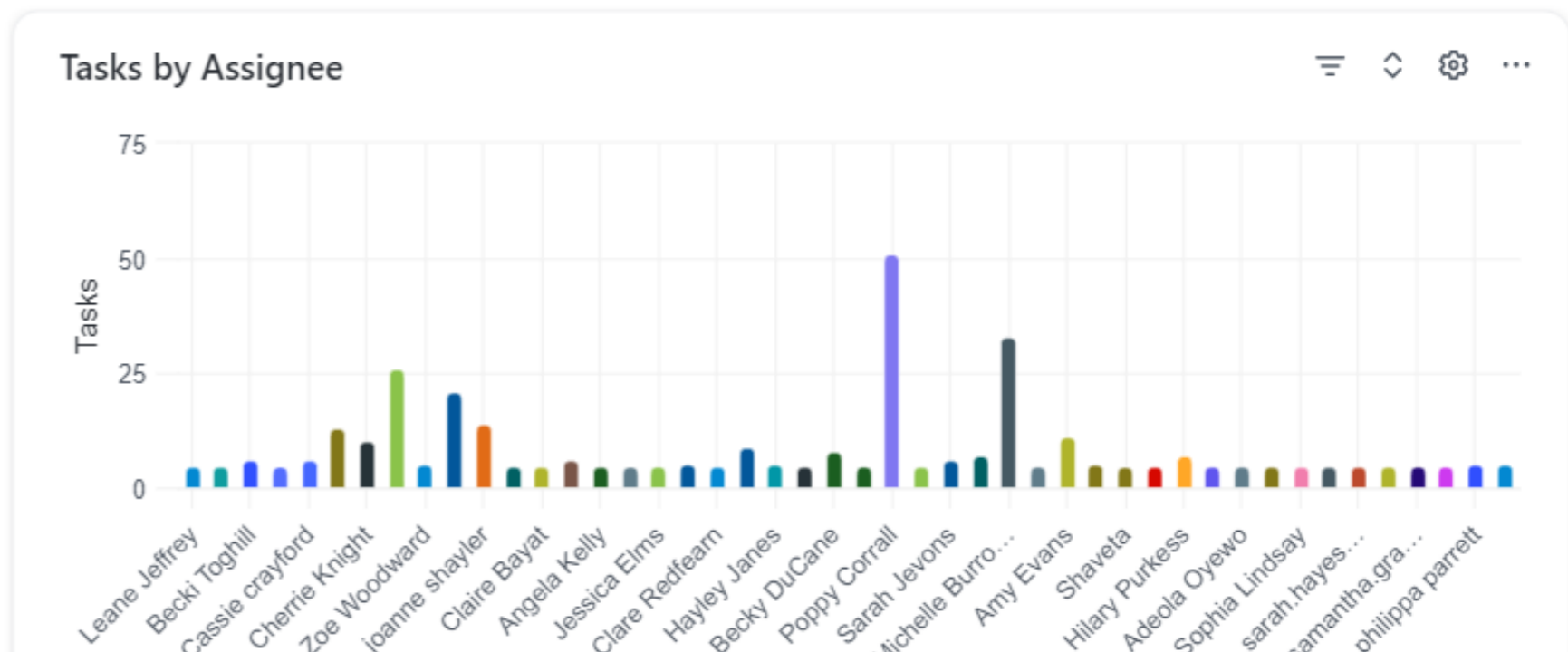
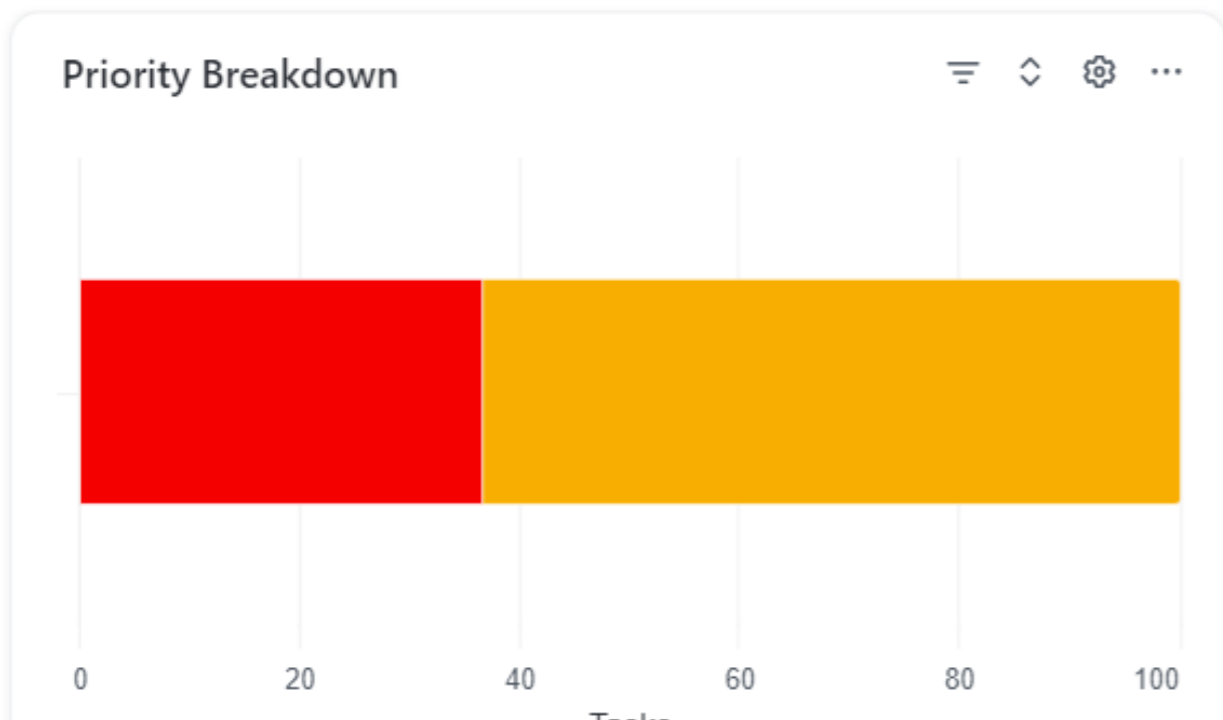
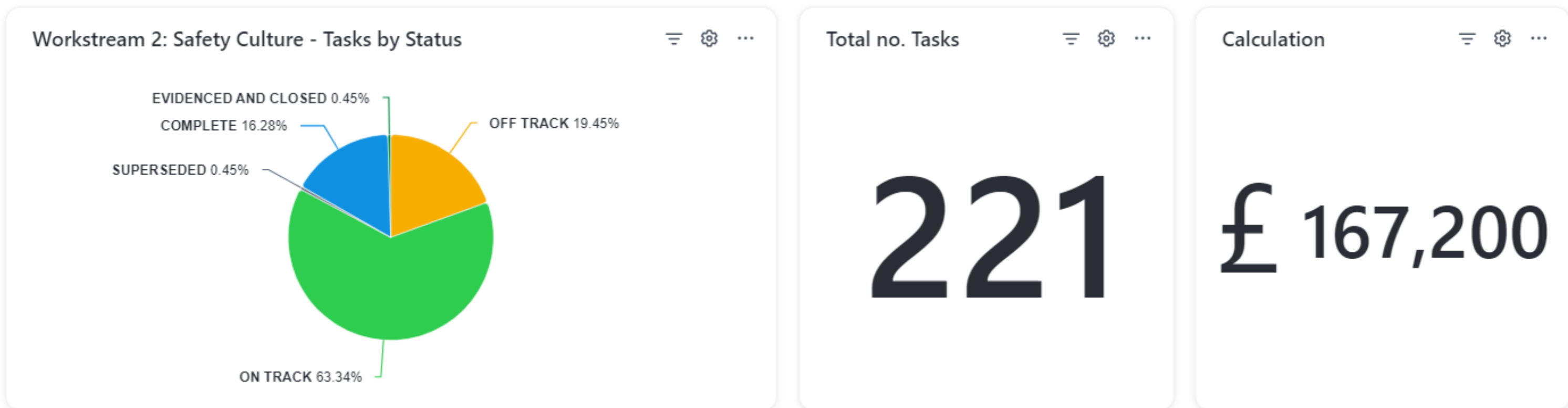
**Implications:**

**Assurance route:**

Previously considered by: NHSE Maternity Improvement Advisor, Director of Midwifery

**MNIP Workstream 2 – Safety culture - Dashboard**

The MNIP deliverables are managed through productivity software called ClickUp. Within the ten milestones and 32 deliverables of Workstream 2 are 221 tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1 / Year 2 MNIP priorities and how they have been allocated across the workforce.



**Priority key code**  
■ MNIP Yr. 1 ■ MNIP Yr. 2

# Workstream 2: Developing and sustaining a culture of safety, learning and support

Objective: To embed robust governance structures that underpin continuous improvement and delivery of high quality, person-centred care

Executive Senior Responsible Officer (SRO): Chief People Officer

Associated Document: Reading the Signals, October 2022 – Dr Bill Kirkup CBE

High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure Updated 12/01/2024																											
† Clear patient-safety related backlogs	December 2023	Incidents, Serious Incidents (SIs), complaints, guidelines, and patient information leaflets reflect current regulatory requirements and best practice	1. There is a clear process for review of patient-safety related activity and documentation to ensure that documents and processes are updated prior to deadlines and expiry dates becoming overdue	<b>OFF TRACK</b> The backlogs i.e. overdue Datix incidents and SI actions have been significantly reduced and are on track for being cleared. There are currently 43 guidelines needing a review. The Director of Midwifery (DoM) and Associate Medical Director for Women's Health have met with the team to confirm a trajectory for completion by March 2024, which is in line with the CQC action plan. Once this is completed Patient Information Leaflets (PILs) will need to be prioritised.	• No. overdue 'open' incidents	200																											
					• No. overdue 'open' serious incidents	0																											
† Achievement of local safety measures to support national maternity safety ambition to halve rates of perinatal mortality from 2010, by 2025	March 2025	Improved safety for service users, the workforce, and regional / national standards of maternity and neonatal care	2. Implementation of <a href="#">Saving Babies Lives Care Bundle (SBLCB) v3</a> through Workstream 3 – Clinical Pathways	<b>ON TRACK</b> The specialist Fetal Wellbeing team continuously self-assesses the position of the Trust against the SBLCBv3 implementation tool, which is then validated by LMNS/ICB. An area of particular success is reduced smoking in pregnancy; EKHUFT has the largest reduction rate between smoking at booking and smoking at delivery compared to national and regional partners	• 50% reduction in incidents of avoidable harm with adverse outcomes benchmarked against 2010 data	<table border="1"> <thead> <tr> <th></th> <th>2010 EKHUFT</th> <th>2021 MBRACE Adj.</th> <th>2023 EKHUFT Crude</th> </tr> </thead> <tbody> <tr> <td>Stillbirths</td> <td>5.7</td> <td>↓ 4.11</td> <td>↓ 1.41</td> </tr> <tr> <td>NND</td> <td>1.77</td> <td>↑ 1.88</td> <td>↓ 1.41</td> </tr> <tr> <td rowspan="2">HIE</td> <td>2010</td> <td>2019</td> <td>2023</td> </tr> <tr> <td>TBA</td> <td>22</td> <td>↓ 8</td> </tr> <tr> <td>Maternal death</td> <td>1</td> <td>2</td> <td>↓ 1</td> </tr> </tbody> </table>		2010 EKHUFT	2021 MBRACE Adj.	2023 EKHUFT Crude	Stillbirths	5.7	↓ 4.11	↓ 1.41	NND	1.77	↑ 1.88	↓ 1.41	HIE	2010	2019	2023	TBA	22	↓ 8	Maternal death	1	2	↓ 1				
						2010 EKHUFT	2021 MBRACE Adj.	2023 EKHUFT Crude																									
Stillbirths	5.7	↓ 4.11	↓ 1.41																														
NND	1.77	↑ 1.88	↓ 1.41																														
HIE	2010	2019	2023																														
	TBA	22	↓ 8																														
Maternal death	1	2	↓ 1																														
• Compliance with the process and outcome indicators defined within <a href="#">Saving Babies Lives Care Bundle (SBLCB) v3</a> – dashboard metrics to be developed and reviewed with oversight and support of a structured governance process	Element 1: Reduced smoking     EKHUFT data presents the largest reduction in smoking rates between Booking and Delivery (-3.54) compared to national and regional averages  Nov 2023 Position statement <table border="1"> <thead> <tr> <th>Intervention Elements</th> <th>Description</th> <th>Element Progress Status (Self-assessment)</th> <th>% of Interventions Fully Implemented (Self-assessment)</th> </tr> </thead> <tbody> <tr> <td>Element 1</td> <td>Smoking in pregnancy</td> <td>Partially implemented</td> <td>70%</td> </tr> <tr> <td>Element 2</td> <td>Fetal growth restriction</td> <td>Partially implemented</td> <td>80%</td> </tr> <tr> <td>Element 3</td> <td>Reduced fetal movements</td> <td>Partially implemented</td> <td>100%</td> </tr> <tr> <td>Element 4</td> <td>Fetal monitoring in labour</td> <td>Partially implemented</td> <td>60%</td> </tr> <tr> <td>Element 5</td> <td>Preterm birth</td> <td>Partially implemented</td> <td>83%</td> </tr> <tr> <td>Element 6</td> <td>Diabetes</td> <td>Partially implemented</td> <td>67%</td> </tr> <tr> <td>All Elements</td> <td>TOTAL</td> <td>Partially implemented</td> <td>80%</td> </tr> </tbody> </table>	Intervention Elements	Description	Element Progress Status (Self-assessment)	% of Interventions Fully Implemented (Self-assessment)	Element 1	Smoking in pregnancy	Partially implemented	70%	Element 2	Fetal growth restriction	Partially implemented	80%	Element 3	Reduced fetal movements	Partially implemented	100%	Element 4	Fetal monitoring in labour	Partially implemented	60%	Element 5	Preterm birth	Partially implemented	83%	Element 6	Diabetes	Partially implemented	67%	All Elements	TOTAL	Partially implemented	80%
Intervention Elements	Description	Element Progress Status (Self-assessment)	% of Interventions Fully Implemented (Self-assessment)																														
Element 1	Smoking in pregnancy	Partially implemented	70%																														
Element 2	Fetal growth restriction	Partially implemented	80%																														
Element 3	Reduced fetal movements	Partially implemented	100%																														
Element 4	Fetal monitoring in labour	Partially implemented	60%																														
Element 5	Preterm birth	Partially implemented	83%																														
Element 6	Diabetes	Partially implemented	67%																														
All Elements	TOTAL	Partially implemented	80%																														
3. Implementation of Maternity and Neonatal Safety Champions as a point of contact to raise concerns, with established governance processes for sharing learning/escalation of concerns	<b>COMPLETE</b> Display boards installed across all Maternity and Neonatal units to promote the names and contact details of each safety champion for the site. Safety Champions report into MNAG sharing themes from their discussions with the workforce and challenging progress made on shared areas of concerns	• Progress against areas of concern raised through Maternity and Neonatal Safety Champions																															

<p>Compliance with 15 x Immediate and Essential Actions (IEAs) of <a href="#">Ockenden (Final) – March 2022</a></p>	<p>March 2025</p>	<p>Meaningful and sustained changes will be made to the quality and safety of services to prevent future avoidable adverse outcomes for service users and their families</p>	<p>4. Gap analysis of 15 x IEAs with current Trust performance to identify remaining areas for improvement to be included in supporting project plan</p>	<p><b>ON TRACK</b> Monitoring of the IEAs is with Compliance and Effectiveness Midwife. Self-assessment against the original 7 IEAs is on track with evidence collection underway for two of the actions</p>	<ul style="list-style-type: none"> <li>Compliance with Ockenden IEAs</li> </ul>	IEA1	TBA	
							IEA2	TBA
							IEA3	TBA
							IEA4	TBA
							IEA5	TBA
							IEA6	TBA
							IEA7	TBA
							IEA8	TBA
							IEA9	TBA
							IEA10	TBA
							IEA11	TBA
							IEA12	TBA
							IEA13	TBA
							IEA14	TBA
							IEA15	TBA
<p>Compliance with 10 x Safety Actions within <a href="#">Clinical Negligence Scheme for Trusts (CNST) Year 5</a></p>	<p>January 2024 <i>Submission by 01 Feb 2024</i></p>	<p>Supporting continuous improvement to patient safety through alignment to the NHS Maternity Safety Strategy, which sets out the Department of Health and Social Care's ambition to reward those who have acted to improve maternity safety</p> <p>Improved patient outcomes</p> <p>Improved service user and workforce experience</p>	<p>6. Gap analysis of CNST Year 5 with current Trust performance against ten safety actions to identify areas for improvement</p>	<p><b>COMPLETE</b> Board declaration approved Jan 2024 and submitted to ICB for review and sign-off.</p> <p>Two action plans in place: SA4, SA8</p>	<ul style="list-style-type: none"> <li>Compliance with CNST Year 5</li> </ul>	SA1	Compliant	
							SA2	Compliant
							SA3	Compliant
							SA4	Compliant (A. Plan)
							SA5	Compliant
							SA6	Compliant
							SA7	Compliant
							SA8	Compliant (A. Plan)
							SA9	Compliant
							SA10	Compliant
			<p>8. Monthly local and regional CNST reporting using the Perinatal Quality Surveillance Tool (PQST) to demonstrate month-on-month progress against the ten safety actions within the CNST framework</p>	<p><b>COMPLETE</b> PQST Reports shared monthly at MNAG and Trust Board</p>	<p>Benchmarked results of MSDS data with EKHUFT producing comparable outcomes (within middle 50%) to national trends</p>			
			<p>9. Shared knowledge and awareness of Maternity Services Data Set (MSDS) with monthly results and trends used to compliment identified <b>areas</b> for improvement</p>	<p><b>COMPLETE</b> MSDS shared through monthly governance reporting structure</p> <p>MSDS data to be considered for inclusion on digital Quality &amp; Safety boards, and link to patient safety thematic learning for improvement triangulated with care group education team</p>				

Implement Maternity and Neonatal Quality and Safety Framework v3 (to replace current <a href="#">Risk Management Strategy v2</a> )	September 2023	Good systems of control underpin safer care through a governance model that sets out robust monitoring and reporting structures, patient safety processes and methods for identifying and sharing lessons learned to improve services, patient experience processes, clinical effectiveness, and clear roles and responsibilities	10. Embedded governance structure with clear reporting lines from ward to Board (includes representation of Maternity at Trust Board) with supporting terms of reference that define purpose and membership, and a suite of template documents for professional presentation, consistency and standardisation	<b>OFF TRACK</b> Care group mapping complete against corporate QSF and Governance Framework with Maternity QSF and Governance Framework going through approval process	<ul style="list-style-type: none"> <li>75% attendance of members at meetings within the governance reporting structure</li> </ul>	Not yet available																		
			11. Standardised processes for managing patient safety activities (including escalation and/or referral criteria), patient experience, and clinical effectiveness activities	<b>OFF TRACK</b> Work progressing to clear existing backlogs there is a scheduled Governance team Awayday to agree future ways of working that will be incorporated into the QSF	<ul style="list-style-type: none"> <li>95% Serious Incident (SI) investigations complete within 60 days (monitored via SI tracker)</li> </ul>	<table border="1"> <tr> <td colspan="2"><b>Dec 2023:</b></td> </tr> <tr> <td>New SIs</td> <td>2</td> </tr> <tr> <td>NCR</td> <td>0</td> </tr> <tr> <td>Ongoing (in timeframe)</td> <td>4</td> </tr> <tr> <td>Ongoing (extension)</td> <td>1</td> </tr> <tr> <td>MNSI</td> <td>4</td> </tr> <tr> <td>ICB for closure</td> <td>2</td> </tr> <tr> <td><b>TOTAL OPEN</b></td> <td><b>9</b></td> </tr> <tr> <td><b>Closed</b></td> <td><b>2</b></td> </tr> </table>	<b>Dec 2023:</b>		New SIs	2	NCR	0	Ongoing (in timeframe)	4	Ongoing (extension)	1	MNSI	4	ICB for closure	2	<b>TOTAL OPEN</b>	<b>9</b>	<b>Closed</b>	<b>2</b>
			<b>Dec 2023:</b>																					
			New SIs	2																				
			NCR	0																				
			Ongoing (in timeframe)	4																				
			Ongoing (extension)	1																				
			MNSI	4																				
			ICB for closure	2																				
			<b>TOTAL OPEN</b>	<b>9</b>																				
			<b>Closed</b>	<b>2</b>																				
					<ul style="list-style-type: none"> <li>95% of families involved in a serious incident have been offered to be involved in the investigation</li> </ul>	Not yet available																		
					<ul style="list-style-type: none"> <li>75% of families involved in the investigation process felt listened to, involved, and had their needs met with the support of an ISA</li> </ul>	Not yet available																		
			12. Alignment of local guidelines to the Trust-level 'Development and Management of Trust Policies' with a clear governance process for derogation from national guidelines	<b>COMPLETE</b> Guidelines Midwife works to the Trust's 'policy on policies' and the derogation from national guidelines is 'owned' by the Trust-level clinical audit team.		Not yet available																		
13. Implementation of agreed annual clinical audit plan	<b>COMPLETE</b> There is an annual clinical audit programme in place for 2023/24 with forward planning already commenced with the corporate Clinical Audit team for 2024/25. Audit has it's own reporting line within the Maternity governance structure		Not yet available																					
14. Alignment to 3-Year Single Delivery Plan for Maternity and Neonatal Services Theme 3: Developing and sustaining a culture of safety, learning, and support	<b>ON TRACK</b> Single Delivery Plan dates 2023-2026 so outputs due in-line with those timings and are threaded throughout MNIP so will be delivered as we progress the programme	<ul style="list-style-type: none"> <li>30% reduction in complaints/concerns being returned for the reason of questions not being fully answered</li> </ul>	<table border="1"> <tr> <td><b>2022</b></td> <td><b>2023</b></td> </tr> <tr> <td>Not available</td> <td>Not available</td> </tr> </table>	<b>2022</b>	<b>2023</b>	Not available	Not available																	
<b>2022</b>	<b>2023</b>																							
Not available	Not available																							
		<ul style="list-style-type: none"> <li>Ethnicity to be included in compliance monitoring</li> </ul>	Due by March 2024																					
		<ul style="list-style-type: none"> <li>Confirmed exit from National Oversight Framework level 4 to National Oversight Framework level 3</li> </ul>	Due by March 2024																					





† Sustained compliance with environmental daily checks	March 2024	An improved environment to support and meet health and wellbeing needs of servicer users and the workforce	24. Collaborative working with Infection Prevention Control (IPC), and Estates teams to complete quality checks and arrange remedial and/or repair/replacement works	<b>ON TRACK</b> Weekly review of environmental issues is escalated to corporate / central IPC and Estates teams and has Executive oversight for expediting essential works	<ul style="list-style-type: none"> <li>95% compliance Monthly Infection Prevention Control (IPC) Led Environmental Audits</li> </ul>	<b>WHH (Q3):</b> <table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Monthly Environmental Audit completed with IPC Lead</td> <td>1</td> </tr> </tbody> </table> <b>QEQM (Q3):</b> <table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>100%</td> </tr> <tr> <td>Hand Hygiene – 2 audits completed each day</td> <td>91%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>Hand Hygiene – audit results</td> <td>99%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>Hand Hygiene – Annual training compliance rate</td> <td>74%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>PPE compliance</td> <td>96%</td> </tr> </tbody> </table> <b>WHH (Q3):</b> <table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>Hand Hygiene – 2 audits completed each day</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>Hand Hygiene – audit results</td> <td>97%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>Hand Hygiene – Annual training compliance rate</td> <td>91%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> <tr> <td>PPE compliance</td> <td>92%</td> </tr> </tbody> </table> <b>QEQM (Q3):</b> <table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: Folkestone</td> <td>90%</td> </tr> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: Labour Ward</td> <td>91%</td> </tr> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: Triage</td> <td>95%</td> </tr> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: MLU</td> <td>93%</td> </tr> </tbody> </table> <b>WHH Environmental Audits (Q3):</b> <table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: Kingsgate</td> <td>95%</td> </tr> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: Labour Ward</td> <td>94%</td> </tr> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: Triage</td> <td>94%</td> </tr> <tr> <td>Target</td> <td>95%</td> </tr> <tr> <td>Weekly Environmental Audit with 25S: MLU</td> <td>97%</td> </tr> </tbody> </table> <b>QEQM Environmental Audits (Q3):</b>	Metric	Q3 TOTAL	Monthly Environmental Audit completed with IPC Lead	1	Metric	Q3 TOTAL	Target	100%	Hand Hygiene – 2 audits completed each day	91%	Target	90%	Hand Hygiene – audit results	99%	Target	90%	Hand Hygiene – Annual training compliance rate	74%	Target	90%	PPE compliance	96%	Metric	Q3 TOTAL	Target	90%	Hand Hygiene – 2 audits completed each day	100%	Target	90%	Hand Hygiene – audit results	97%	Target	90%	Hand Hygiene – Annual training compliance rate	91%	Target	90%	PPE compliance	92%	Metric	Q3 TOTAL	Target	95%	Weekly Environmental Audit with 25S: Folkestone	90%	Target	95%	Weekly Environmental Audit with 25S: Labour Ward	91%	Target	95%	Weekly Environmental Audit with 25S: Triage	95%	Target	95%	Weekly Environmental Audit with 25S: MLU	93%	Metric	Q3 TOTAL	Target	95%	Weekly Environmental Audit with 25S: Kingsgate	95%	Target	95%	Weekly Environmental Audit with 25S: Labour Ward	94%	Target	95%	Weekly Environmental Audit with 25S: Triage	94%	Target	95%	Weekly Environmental Audit with 25S: MLU	97%
			Metric	Q3 TOTAL																																																																														
			Monthly Environmental Audit completed with IPC Lead	1																																																																														
			Metric	Q3 TOTAL																																																																														
			Target	100%																																																																														
			Hand Hygiene – 2 audits completed each day	91%																																																																														
Target	90%																																																																																	
Hand Hygiene – audit results	99%																																																																																	
Target	90%																																																																																	
Hand Hygiene – Annual training compliance rate	74%																																																																																	
Target	90%																																																																																	
PPE compliance	96%																																																																																	
Metric	Q3 TOTAL																																																																																	
Target	90%																																																																																	
Hand Hygiene – 2 audits completed each day	100%																																																																																	
Target	90%																																																																																	
Hand Hygiene – audit results	97%																																																																																	
Target	90%																																																																																	
Hand Hygiene – Annual training compliance rate	91%																																																																																	
Target	90%																																																																																	
PPE compliance	92%																																																																																	
Metric	Q3 TOTAL																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: Folkestone	90%																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: Labour Ward	91%																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: Triage	95%																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: MLU	93%																																																																																	
Metric	Q3 TOTAL																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: Kingsgate	95%																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: Labour Ward	94%																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: Triage	94%																																																																																	
Target	95%																																																																																	
Weekly Environmental Audit with 25S: MLU	97%																																																																																	
<ul style="list-style-type: none"> <li>90% compliance Hand Hygiene (HH), Personal Protective Equipment (PPE)</li> </ul>	Complete. Refer to tables above; weekly monitoring through Stop the Clock reviews																																																																																	
<ul style="list-style-type: none"> <li>95% compliance Weekly Environmental Audit</li> </ul>	Complete. Refer to tables above; weekly monitoring through Stop the Clock reviews																																																																																	
<ul style="list-style-type: none"> <li>100% Daily Environmental Checks</li> </ul>	Complete. Refer to tables above; weekly monitoring through Stop the Clock reviews																																																																																	
25. 'Stop the clock' assurance process of daily, weekly and monthly environmental safety checks	<b>COMPLETE</b> Weekly forums embedded since April 2023 with focus on key areas of CQC concern raised during the January inspection, 2023																																																																																	
<ul style="list-style-type: none"> <li>100% compliance accessible fire routes</li> </ul>	<table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>100%</td> </tr> <tr> <td>Fire routes clear</td> <td>100%</td> </tr> </tbody> </table> <b>WHH (Q3):</b> <table border="1"> <thead> <tr> <th>Metric</th> <th>Q3 TOTAL</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>100%</td> </tr> <tr> <td>Fire routes clear</td> <td>100%</td> </tr> </tbody> </table> <b>QEQM (Q3):</b>	Metric	Q3 TOTAL	Target	100%	Fire routes clear	100%	Metric	Q3 TOTAL	Target	100%	Fire routes clear	100%																																																																					
Metric	Q3 TOTAL																																																																																	
Target	100%																																																																																	
Fire routes clear	100%																																																																																	
Metric	Q3 TOTAL																																																																																	
Target	100%																																																																																	
Fire routes clear	100%																																																																																	
<ul style="list-style-type: none"> <li>Progress against minor works log</li> </ul>	TBA. Monitored weekly with Senior Leaders																																																																																	
<ul style="list-style-type: none"> <li>Downward trend of patient safety incidents relating to poor estate / infrastructure (Inc. equipment)</li> </ul>	Data being collected																																																																																	

<p>† Care Quality Commission (CQC) 'Good' rating</p>	<p>March 2025</p>	<p>Safe: People are protected from avoidable harm and abuse, and legal requirements are met</p> <p>Effective: People have good outcomes because they receive effective care and treatment that meets their needs</p> <p>Caring: People are supported, treated with dignity and respect, and are involved as partners in their care</p> <p>Responsive: People's needs are met through the way services are organised and delivered</p> <p>Well-led: The leadership, governance and culture promote the delivery of high-quality person-centred care</p>	<p>26. Programme of local quality assurance checks and ongoing monitoring based on the CQC assessment framework</p>	<p><b>ON TRACK</b> Local walkabouts and safety checks are routine duties conducted by Ward Managers, Matrons and HoMs</p>	<ul style="list-style-type: none"> <li>'Good' ratings for CQC self-assessment compliance against the regulatory framework</li> </ul>	<p>Current ratings:  WHH: <b>Inadequate</b> QEQM: <b>Inadequate</b></p>		
			<p>27. Joint working with corporate services to implement and escalate necessary improvements including (but not excluded to) Pharmacy, Safeguarding, Infection Prevention Control, Medical Devices, and Estates</p>	<p><b>ON TRACK</b> Process of escalation working well with Executive support regarding IPC and Estates requirements</p>				
			<p>28. Delivery of all must and should do requirements identified through the <a href="#">CQC inspection of EKHUFT Maternity Services in January 2023</a></p>	<p><b>ON TRACK</b> 4 x must / 3 x should do's to complete</p>			<ul style="list-style-type: none"> <li>'Good' rating from future CQC inspection</li> </ul>	<p>Pending re-inspection</p>
			<p>29. Routine completion and benchmarking against the <a href="#">Maternity Self-Assessment Tool</a></p>	<p><b>NOT YET STARTED</b></p>			<ul style="list-style-type: none"> <li>Compliance with Maternity Self-Assessment Tool</li> </ul>	<p>Not yet scheduled. Routine assessments to be business as usual by March 2025</p>
			<p>30. Compliance with 'Well-led' and 'Safe' CQC domains to meet requirements of the Maternity Safety Support Programme (MSSP)</p>	<p><b>ON TRACK</b> A review with NHSI MIA scheduled for 08 Feb to review MSSP status</p>			<ul style="list-style-type: none"> <li>Exit from the Maternity Safety Support Programme</li> </ul>	<p>Pending regulatory review. Due Feb 2024</p>
			<p>31. Regulatory compliance reporting through governance forums including (but not excluded to) Women's Health Care Group Governance meeting, CQC Oversight and Assurance Group, Maternity and Neonatal Assurance Group (MNAG)</p>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Weekly Stop the Clock forum</li> <li>CQC Oversight &amp; Assurance Group</li> <li>Quality &amp; Safety Committee</li> <li>MNAG</li> </ul>				<pre> graph TD     TB[Trust Board] --&gt; CQC[CQC]     TB --&gt; MNAG[MNAG]     CQC --&gt; COAG[CQC Oversight &amp; Assurance Group]     CQC --&gt; STC[Stop the Clock]     MNAG --&gt; WHGG[Women's Health Governance Group]     MNAG --&gt; WHPSG[Women's Health Patient Safety Group] </pre>
<p>† Coproduction of Maternity and Neonatal guidelines, and patient information</p>	<p>March 2024</p>	<p>Improved involvement of development of information that recognises the workforce and service users as experts in their own right with valuable experiences and knowledge that contribute to service improvement</p>	<p>32. Establishment and use of stakeholder engagement and involvement forums to gain feedback, thoughts and ideas for guideline and patient information development</p>	<p><b>ON TRACK</b> Established Maternity 'Patient Information Group' led by Pt Info Midwife includes a formalised process of obtaining expert / stakeholder opinion on new / revised PILs prior to publication</p>	<ul style="list-style-type: none"> <li>Response rate from stakeholder consultation for guideline development</li> </ul>	<p>Need to implement a process for stakeholder coproduction of guidelines, which is being considered by Maternity Guideline &amp; Effectiveness Midwife</p>		
					<ul style="list-style-type: none"> <li>Response rate from stakeholder consultation for development of patient information</li> </ul>	<p>Data being collected</p>		

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Maternity and Neonatal Improvement Programme (MNIP) – Progress Report:**

**Workstream 3 – Clinical Pathways that underpin safe care**

Meeting date: **4 April 2024**

Board sponsor: **Chief Nursing and Midwifery Officer**

Paper Author: **Maternity Improvement and Transformation Programme Manager**

**Appendices:**

**Appendix 1: MNIP Workstream 3 Charter**

**Executive summary:**

<b>Action required:</b>	<b>Assurance</b>																
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 3 from the Maternity and Neonatal Improvement Programme.																
<b>Workstream SRO:</b>	Chief Medical Officer																
<b>Care Group Lead:</b>	Associate Medical Director for Women's Health																
<b>Progress and successes:</b>	<p>There are <b>four</b> high level milestones (recommendations) within Workstream 3 – Clinical Pathways that underpin safe care – and one of these milestones then has 16 sub-milestones, which are the individual care pathways identified for development over the three years of the programme. This equates to a total of <b>20</b> milestones for monitoring.</p> <p>There are 16 deliverables (actions) across the 20 milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. One milestone (recommendation) and three deliverables (actions) are 'off track'; all others are either on track or complete.</p> <p><b>Year 1 (2023/24)</b></p> <table border="1"> <thead> <tr> <th><b>Workstream 2 Milestones (Recommendations)</b></th> <th><b>Status</b></th> </tr> </thead> <tbody> <tr> <td><b>Development of clinical care pathways, including</b></td> <td><b>On track</b></td> </tr> <tr> <td>• Sonography</td> <td>Complete</td> </tr> <tr> <td>• Triage, includes: <ul style="list-style-type: none"> <li>○ Relocation of Triage Midwives</li> <li>○ Centralised Telephone Triage service</li> </ul> </td> <td>On track</td> </tr> <tr> <td>• Recognition of Deteriorating Woman (HDU), includes: <ul style="list-style-type: none"> <li>○ Implementation of Maternal Early Warning Score (MEWS2)</li> </ul> </td> <td>On track</td> </tr> <tr> <td>• Antenatal Systems and Processes: Recommendation 2</td> <td>On track</td> </tr> <tr> <td>• Antenatal Newborn Screening</td> <td>On track</td> </tr> <tr> <td>• Midwifery-led Care, includes: <ul style="list-style-type: none"> <li>○ Re-opening MLU (WHH)</li> </ul> </td> <td>Complete</td> </tr> </tbody> </table>	<b>Workstream 2 Milestones (Recommendations)</b>	<b>Status</b>	<b>Development of clinical care pathways, including</b>	<b>On track</b>	• Sonography	Complete	• Triage, includes: <ul style="list-style-type: none"> <li>○ Relocation of Triage Midwives</li> <li>○ Centralised Telephone Triage service</li> </ul>	On track	• Recognition of Deteriorating Woman (HDU), includes: <ul style="list-style-type: none"> <li>○ Implementation of Maternal Early Warning Score (MEWS2)</li> </ul>	On track	• Antenatal Systems and Processes: Recommendation 2	On track	• Antenatal Newborn Screening	On track	• Midwifery-led Care, includes: <ul style="list-style-type: none"> <li>○ Re-opening MLU (WHH)</li> </ul>	Complete
<b>Workstream 2 Milestones (Recommendations)</b>	<b>Status</b>																
<b>Development of clinical care pathways, including</b>	<b>On track</b>																
• Sonography	Complete																
• Triage, includes: <ul style="list-style-type: none"> <li>○ Relocation of Triage Midwives</li> <li>○ Centralised Telephone Triage service</li> </ul>	On track																
• Recognition of Deteriorating Woman (HDU), includes: <ul style="list-style-type: none"> <li>○ Implementation of Maternal Early Warning Score (MEWS2)</li> </ul>	On track																
• Antenatal Systems and Processes: Recommendation 2	On track																
• Antenatal Newborn Screening	On track																
• Midwifery-led Care, includes: <ul style="list-style-type: none"> <li>○ Re-opening MLU (WHH)</li> </ul>	Complete																

○ Midwifery-led Discharge	
• Bereavement Care	Off track
<b>Implementation of escalation pathways for service users and members of the workforce to raise patient safety concerns</b>	<b>Off track</b>
• Embedded use of the Maternity Escalation Policy and use of MOPEL action cards	Complete
• Implementation of structured escalation framework e.g. Each Baby Counts: Learn and Support Escalation Toolkit	Off track
• Standardise a daily cross-site multi-professional safety huddle every day to identify any concerns/issues anticipated that day	Complete
• Staff and service users report feeling listened to	Off track

Additional successes of Year 1 so far have been:

- Feedback from families about the continuity, compassionate care and support received from the Small Steps bereavement team
- Compared to national and regional partners
  - Reduced smoking rates between Booking and delivery are the highest
  - Lower rate per 1,000 babies for APGAR 0-6
  - Lower 3rd/4th degree tear rates
- Process mapping days facilitated by 'We Care' team to identify 'as is' and 'future state' of Year 1 clinical pathways for development
- Backfill for consultants to deliver specialist training
- Compliance with the SBLCBv3 Care bundle requirements by Dec 2023
- Digital functionality e.g.
  - MEWS assessment logged in Sunrise when a pregnant person presents in ED or Same Day Emergency Care (SDEC) with supporting Patient Tracker List (PTL) for oversight of all pregnant women presenting in these areas

## Year 2 (2024/25)

<b>Workstream 2 Milestones (Recommendations)</b>	<b>Status</b>
<b>Compliance with Saving Babies Lives Care Bundle v3</b>	<b>On track</b>
• Gap analysis of SBLCBv3 with current Trust performance against defined process and outcomes measures to identify areas for improvement	Complete
• Development of local guidance and a project plan to successfully implement and achieve compliance with SBLCBv3 supported by clearly defined roles and responsibilities for each element of the care bundle	On track
• Monthly local and regional SBLCBv3 reporting to demonstrate month-on-month progress against the six elements of the framework	Complete
<b>Development of clinical care pathways, including:</b>	<b>On track</b>
• c) Diabetes	On track
• d) Perinatal Mental Health	On track
• f) Antenatal Systems and Processes: Recommendation 1	On track
• h) Antenatal Systems and Processes (extended)	On track
• Postnatal Care Pathway, includes: <ul style="list-style-type: none"> <li>○ Pain management</li> <li>○ Infant feeding</li> <li>○ NIPE</li> <li>○ NEWTT2</li> <li>○ Transitional Care/ATAIN</li> <li>○ Outreach service</li> <li>○ Discharge processes</li> </ul>	On track
• j) Perinatal Pelvic Health	On track
• l) Multiple Pregnancy	On track

	<ul style="list-style-type: none"> <li>m) Fetal Medicine Unit</li> </ul>	On track								
	<ul style="list-style-type: none"> <li>o) Removal of Virtual appointments</li> </ul>	On track								
<p><b>Risks and issues:</b></p>	<p><b>Year 3 (2025/26)</b></p> <table border="1" data-bbox="472 277 1481 539"> <thead> <tr> <th data-bbox="472 277 1289 315">Workstream 2 Milestones (Recommendations)</th> <th data-bbox="1289 277 1481 315">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="472 315 1289 376"><b>Achievement of UNICEF Baby Friendly Initiative (BFI) accreditation for infant feeding</b></td> <td data-bbox="1289 315 1481 376"><b>On track</b></td> </tr> <tr> <td data-bbox="472 376 1289 436"> <ul style="list-style-type: none"> <li>Alignment to the UNICEF BFI guides and standards and implementation of tools, forms and eLearning</li> </ul> </td> <td data-bbox="1289 376 1481 436">On track</td> </tr> <tr> <td data-bbox="472 436 1289 539"> <ul style="list-style-type: none"> <li>Promotion of the infant feeding specialist teams across maternity and neonatal services, and development of a project plan to prepare the service for implementation</li> </ul> </td> <td data-bbox="1289 436 1481 539">On track</td> </tr> </tbody> </table> <p>The financial position of the organisation poses a risk to the service redesign required for many of these clinical pathways for example, Estates works to provide the capacity and environment to deliver quality care in a safe setting.</p> <p>The care group will pursue business cases submitted for capital funding and simultaneously continue to seek and utilise alternative funding streams.</p> <p>It should also be recognised that the benefit of achieving some of the milestones within this workstream will be realised over a period of time so the Trust will need to allow time for new ways of working to have an impact on e.g. themes and trends of patient safety related incidents, and clinical outcomes.</p>		Workstream 2 Milestones (Recommendations)	Status	<b>Achievement of UNICEF Baby Friendly Initiative (BFI) accreditation for infant feeding</b>	<b>On track</b>	<ul style="list-style-type: none"> <li>Alignment to the UNICEF BFI guides and standards and implementation of tools, forms and eLearning</li> </ul>	On track	<ul style="list-style-type: none"> <li>Promotion of the infant feeding specialist teams across maternity and neonatal services, and development of a project plan to prepare the service for implementation</li> </ul>	On track
Workstream 2 Milestones (Recommendations)	Status									
<b>Achievement of UNICEF Baby Friendly Initiative (BFI) accreditation for infant feeding</b>	<b>On track</b>									
<ul style="list-style-type: none"> <li>Alignment to the UNICEF BFI guides and standards and implementation of tools, forms and eLearning</li> </ul>	On track									
<ul style="list-style-type: none"> <li>Promotion of the infant feeding specialist teams across maternity and neonatal services, and development of a project plan to prepare the service for implementation</li> </ul>	On track									
<p><b>Escalations:</b></p>	<ol style="list-style-type: none"> <li><b>Bereavement guideline;</b> the guideline was presented to, and approved by, the Women’s Health Guideline Group in December 2023 and is pending publication.</li> <li><b>Escalation pathways;</b> <ol style="list-style-type: none"> <li>the Each Baby Counts escalation toolkit was due to be adopted into practice by December 2023 but has yet to be implemented. The service will aim to have this rolled-out by the revised date of March 2024, which means it will still be delivered in Year 1 of the programme.</li> <li>Your Voice is Heard captures quantitative data for how many women felt listened to throughout each stage of their maternity care. In January 2023, this rate was 72.4% against a target of 80% and in December 2023 the rate had increased to 75.5% however, the overall rate for Jun-Dec 2023 (Q1-Q3) was 74.4% so further work is required on actively hearing our women / birthing people to ensure they feel listened to. With regards to the workforce feeling listened to there are local initiatives for people to raise concerns but this measure is mainly captured through the annual NHS Staff Survey. The results are pending for 2023 but in 2022, against ‘People Promise 3 – we have a voice that counts’, the Trust rate was 6.2 vs national average of 6.6 (compared to 6.3 vs 6.7 respectively in 2021), and Maternity scored 5.6. The aim for 2023 is to be more closely aligned to the national rate.</li> </ol> </li> </ol>									
<p><b>Key recommendations:</b></p>	<p>The Board of Directors is asked to acknowledge the work complete under this workstream, and receive assurances from / raise any queries relating to the mitigations in place for the three areas of escalation.</p>									

	The Board of Directors is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, and Quality and Safety Committee.
--	---

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR118 – Organisational culture.
<b>Resource:</b>	Y. Programme Lead, Executive Senior Responsible Officer (SRO), Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

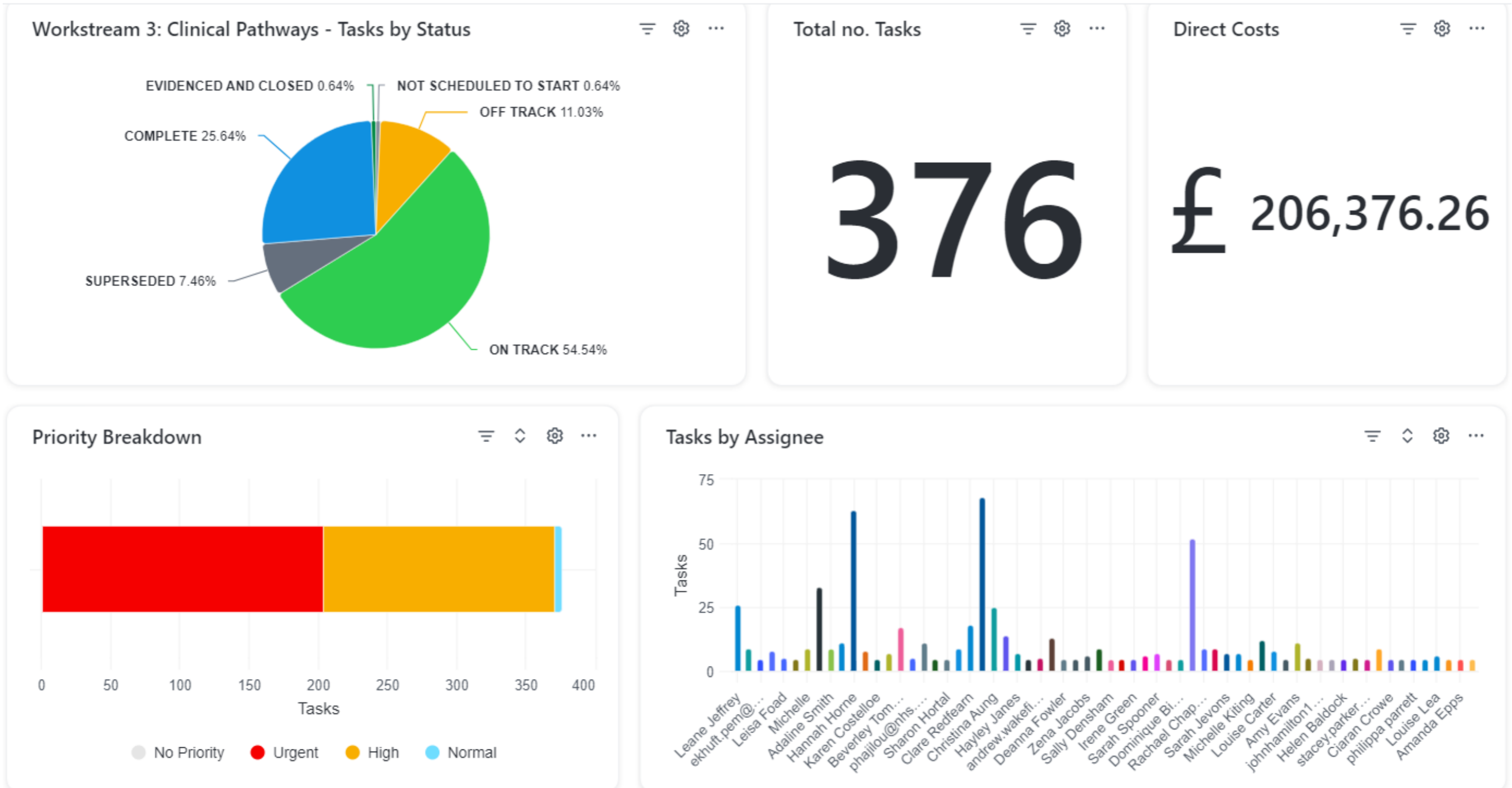
### Assurance route:

Previously considered by: NHS England Maternity Improvement Advisor, Director of Midwifery



**MNIP Workstream 3 – Safety culture - Dashboard**

The MNIP deliverables are managed through productivity software called ClickUp. Within the ten milestones and 16 deliverables of Workstream 3 are 376 tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1 / Year 2 / Year 3 MNIP priorities and how they have been allocated across the workforce.



**Priority key code**

MNIP Yr. 1
  MNIP Yr. 2
  MNIP Yr. 3



**Workstream 3: Clinical Pathways that underpin safe care**

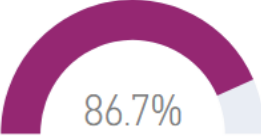
Objective: To progress evidence-based clinical care pathways to consistently deliver equitable, high quality, safe care and treatment

Executive Senior Responsible Officer (SRO): Chief Medical Officer

Associated Document: Reading the Signals, October 2022 – Dr Bill Kirkup CBE

High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure																																
❖ Compliance with <a href="#">Saving Babies Lives Care Bundle (SBLCB) v3</a>	March 2025	Delivery of the six elements of care within SBLCB v3 supports the national maternity safety ambition to halve rates of perinatal mortality from 2010, by 2025  Improved patient outcomes  Improved service user and workforce experience	1. Gap analysis of SBLCBv3 with current Trust performance against defined process and outcomes measures to identify areas for improvement	<b>COMPLETE</b> The service uses the SBLCB implementation tool to monitor ongoing compliance against the bundle	<ul style="list-style-type: none"> <li>Compliance with the process and outcome indicators defined within <a href="#">Saving Babies Lives Care Bundle (SBLCB) v3</a> – dashboard metrics to be developed and reviewed with oversight and support of a structured governance process</li> </ul>	Smokers at Booking % Smokers at Delivery % Smokefree Pregnancy % EKHUFT data presents the largest reduction in smoking rates between Booking and Delivery (-3.54) compared to national and regional averages																																
			2. Development of local guidance and a project plan to successfully implement and achieve compliance with SBLCBv3 supported by clearly defined roles and responsibilities for each element of the care bundle	<b>ON TRACK</b> Each element has been set-up in ClickUp for MNIP reporting and is pending an update based on the most recent self-assessment		Nov 23 Position statement <table border="1"> <thead> <tr> <th>Intervention Element</th> <th>Description</th> <th>Element Progress Status (Self assessment)</th> <th>% of Interventions Fully Implemented (Self assessment)</th> </tr> </thead> <tbody> <tr> <td>Element 1</td> <td>Smoking in pregnancy</td> <td>Partially implemented</td> <td>70%</td> </tr> <tr> <td>Element 2</td> <td>Fetal growth restriction</td> <td>Partially implemented</td> <td>90%</td> </tr> <tr> <td>Element 3</td> <td>Reduced fetal movements</td> <td>Fully implemented</td> <td>100%</td> </tr> <tr> <td>Element 4</td> <td>Fetal monitoring in labour</td> <td>Partially implemented</td> <td>80%</td> </tr> <tr> <td>Element 5</td> <td>Preeclampsia</td> <td>Partially implemented</td> <td>85%</td> </tr> <tr> <td>Element 6</td> <td>Diabetes</td> <td>Partially implemented</td> <td>67%</td> </tr> <tr> <td>All Elements</td> <td>TOTAL</td> <td>Partially implemented</td> <td>80%</td> </tr> </tbody> </table>	Intervention Element	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element 1	Smoking in pregnancy	Partially implemented	70%	Element 2	Fetal growth restriction	Partially implemented	90%	Element 3	Reduced fetal movements	Fully implemented	100%	Element 4	Fetal monitoring in labour	Partially implemented	80%	Element 5	Preeclampsia	Partially implemented	85%	Element 6	Diabetes	Partially implemented	67%	All Elements	TOTAL	Partially implemented	80%
			Intervention Element	Description		Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)																															
Element 1	Smoking in pregnancy	Partially implemented	70%																																			
Element 2	Fetal growth restriction	Partially implemented	90%																																			
Element 3	Reduced fetal movements	Fully implemented	100%																																			
Element 4	Fetal monitoring in labour	Partially implemented	80%																																			
Element 5	Preeclampsia	Partially implemented	85%																																			
Element 6	Diabetes	Partially implemented	67%																																			
All Elements	TOTAL	Partially implemented	80%																																			
3. Monthly local and regional SBLCBv3 reporting to demonstrate month-on-month progress against the six elements of the framework	<b>COMPLETE</b> Our specialist team is working with the regional team and has regular oversight, monitoring and peer review as part of this model	<ul style="list-style-type: none"> <li>Routine use of the <a href="#">Perinatal Mortality Review Tool (PMRT)</a> with escalation reporting to local, Trust and regional governance forums</li> </ul>	Data to be added																																			
❖ Development of clinical care pathways, including:	July 2023 – March 2026	Consistency in the application of 'best practice' care through the adoption of Integrated Care System (ICS) shared standards and guidelines to be part of an NHS service with joint initiatives that respond to local and regional maternity and neonatal care needs  Service users will have timely access to the right care, in the right place, at the right time from the right person	4. Benchmarking against, and alignment to, evidence-based best practice and national guidelines with a clear governance process for derogation	<b>ON TRACK</b> Dashboard reporting has a focus on outcomes and the use of statistical process charts helps to identify whether EKHUFT Maternity is an outlier compared to other Trusts nationally and regionally  <i>Refer to output 12 of Workstream 2 re: derogation from national guidance</i>	<ul style="list-style-type: none"> <li>Delivery of Key Performance Indicators (KPIs) within project plans for clinical pathway development – dashboard metrics to be developed and reviewed with oversight and support of a structured governance process</li> </ul>	 Compared to national and regional rates <b>Successes:</b> Lower rate per 1,000 babies for APGAR 0-6 Lower 3 <sup>rd</sup> /4 <sup>th</sup> degree tear rates Higher reduced smoking rate between Booking and delivery <b>Areas for improvement:</b> Higher c-section rate for Robson Group 5 Higher PPH 1500mmol>																																
			5. Use of national and local clinical outcome data, incidents, compliments and complaints to inform areas for improvement and shape ways of working	<b>ON TRACK</b> Where dashboard data indicates better benchmarked outcomes for EKHUFT this will be reviewed to identified the learning that can be adopted more widely across other areas of the service / region. Any areas for improvement, as part of business as usual ways of working, will then be addressed by clinical teams using the 'We Care' methodology (major service improvement needs are already captured in MNIP)		<ul style="list-style-type: none"> <li>Benchmarked results of national clinical audits with EKHUFT producing comparable outcomes (within middle 50%) to national trends</li> <li><a href="#">MSDS Benchmarking</a> with EKHUFT producing results within 5% of national comparator group</li> </ul>	Reported monthly to MNAG and Trust Board  Data being collected																															
			6. Implementation of the Maternity and Neonatal Improvement Programme (MNIP) for development through care pathway project plans delivered by pathway Leads and multidisciplinary teams	<b>ON TRACK</b> MNIP has been coproduced, developed and implemented, It is a 3yr programme so will be monitored over that duration to ensure service improvements are delivered	<ul style="list-style-type: none"> <li>Compliance with <a href="#">Perinatal Quality Surveillance Model (PQSM)</a> reported monthly through local and regional governance structures using the Trust Perinatal Quality Surveillance Tool (PQST)</li> <li>Downward trend in complaints/concerns and incidents results from poor quality of care</li> </ul>	B3. Were you offered a choice about where to have your baby? <table border="1"> <thead> <tr> <th>Trust 2021</th> <th>Trust 2022</th> <th>Ntl 2022</th> </tr> </thead> <tbody> <tr> <td>2.7</td> <td> 3.1</td> <td>3.6</td> </tr> </tbody> </table>	Trust 2021	Trust 2022	Ntl 2022	2.7	3.1	3.6																										
			Trust 2021	Trust 2022		Ntl 2022																																
			2.7	3.1	3.6																																	
			7. Alignment to <a href="#">3-Year Single Delivery Plan for Maternity and Neonatal Services</a> Theme 4: Standards and structures that underpin safer, more personalised, and more equitable care	<b>COMPLETE</b> Completed as part of MNIP engagement day in June 2023	<ul style="list-style-type: none"> <li>Improved perception of service user choice for place of birth <a href="#">CQC Maternity Survey</a> results</li> </ul>	Pending publication of 2023 results (due 09 Feb 2024)																																

a) Sonography	December 2023		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>COMPLETE</b> Sonography transferred to Obstetrics in June 2023, and weekly regional oversight was stepped-down in December 2023. Local monitoring continues using USS dashboard metrics and the service has reached business as usual activity levels.	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	
b) Triage, includes: o Relocation of Triage Midwives o Centralised Telephone Triage service	March 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Office relocation complete. Digital Triage PTL and call system to be complete by end Feb 2024	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
c) Diabetes	March 2025		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Pathway was process mapped on 26 Oct 2023, outputs pulled into a project plan and uploaded to ClickUp, training has commenced	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
d) Perinatal Mental Health	December 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Work started to promote the team and contact details for local / regional mental health support services. Pathway to be process mapped in October 2024 for identification of service improvements	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
e) Recognition of Deteriorating Woman (HDU), includes: o Implementation of Maternal Early Warning Score (MEWS) 2	March 2024	Identification of abnormal physiological parameters and early intervention may prevent further deterioration and reduce maternal morbidity and mortality	8. Embedded use of MEWS tool to help identify women and birthing people at risk of deterioration	<b>ON TRACK</b> Process mapping held 27 Oct 2023. Project plan pulled together and loaded to ClickUp. Equipment scoped and escalated to procurement cc: clinical leads. Space identified at each site, and training underway (on target to exceed 75% training target by Mar 2024)	• Upward trend in MEWS compliance audit results	Date being collected, and monitored weekly through Stop the Clock
			9. Alignment to, and implementation of, MEWS2 following completion of the national pilot		• Reduced trend in serious incidents resulting from failure to recognise and act on the deteriorating woman, birthing person	Data being collected
f) Antenatal Systems and Processes: Recommendation 1	March 2025		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Reset as a Year 2 priority via NHSI MIA as logistics made this recommendation for a 'One Stop Shop' unachievable in Year 1	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
g) Antenatal Systems and Processes: Recommendation 2	March 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> This recommendation is for a digital solution for tracking blood results. A demo PTL is under construction and is almost complete	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
h) Antenatal Systems and Processes (extended)	March 2025		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Work has started on streamlining the referral process to specialist antenatal clinics	<i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
i) Postnatal Care Pathway, includes: o Pain management o Infant feeding o NIPE o NEWTT2 o Transitional Care/ATAIN o Outreach service o Discharge processes	March 2025		Identification of abnormal physiological parameters and early intervention may prevent further deterioration and reduce newborn morbidity and mortality	10. Embedded use of NEWTT2 tool to detect subtle deterioration in clinical conditions that can lead to early medical review, which in turn reduces morbidity	<b>ON TRACK</b> Work to identify causes for delays to discharges home was complete in Summer 2023 and many improvements introduced at QEQM; these have recently been re-circulated for implementation at WHH. A new MDT Postnatal Steering Group will commence in April 2024 to apply service improvements across the broader pathway of care, including neonatal services	• Upward trend in NEWTT2 compliance audit results
				• Reduced trend in serious incidents resulting from failure to recognise and act on the deteriorating baby		Data being collected
j) Perinatal Pelvic Health	December 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> ICB to commission and implement pelvic health services by Mar 2024. EKHUFT also identified this as a service need at recent MNIP 6mth Engagement Day held on 12 Jan 2024	• <i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
k) Antenatal Newborn Screening	March 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Project plan developed aligned to FASP regulatory requirements and being progressed under leadership of Public Health Matron	• <i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
l) Multiple Pregnancy	December 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>NOT YET STARTED</b> Pathway to be process mapped with support from 'We Care' team	• <i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
m) Fetal Medicine Unit	March 2025		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Process mapped with 'We Care' team and plan produced; this is a MNIP Year 2 priority	• <i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
n) Midwifery-led Care, includes: o Re-opening MLU (WHH) o Midwifery-led Discharge	March 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>COMPLETE</b> MLU at WHH opened 15 December 2023 Midwifery-Led Discharge guideline published May 2023	• <i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>
o) Removal of Virtual appointments	December 2024		<i>Aligned to outputs 4 &amp; 5, above</i>	<b>ON TRACK</b> Virtual appointments have been removed where hospital capacity allows for increased number of f2f appointments. Space (Estates) remains an issue for wider implementation across all services	• <i>Refer to measurable benefits for outputs 4 &amp; 5, above</i>	<i>Refer to measures for outputs 4 &amp; 5, above</i>

p) Bereavement Care	March 2024		Aligned to outputs 4 & 5, above	<b>OFF TRACK</b> Guideline approved by Guideline Group in December 2023 and pending publication	<ul style="list-style-type: none"> <li>Refer to measurable benefits for outputs 4 &amp; 5, above</li> </ul>	Refer to measures for outputs 4 & 5, above		
Achievement of <a href="#">UNICEF Baby Friendly Initiative (BFI)</a> accreditation for infant feeding	March 2027* <small>(national timeframe goes beyond the duration of this programme)</small>	A workforce supported to provide sensitive and effective care so that service users can make informed choices about feeding, and overcoming challenges to enable successful breastfeeding when this is the preferred option	11. Alignment to the UNICEF BFI <a href="#">guides and standards</a> and implementation of tools, forms and eLearning	<b>ON TRACK</b> Dedicated Infant Feeding teams across the service and 'meet the team' slides added to patient information screens	<ul style="list-style-type: none"> <li>Maternity and neonatal service accreditation with UNICEF BFI</li> </ul>	Due in March 2027		
			12. Promotion of the infant feeding specialist teams across maternity and neonatal services, and development of a project plan to prepare the service for implementation			<ul style="list-style-type: none"> <li>Infant feeding dashboard metrics</li> </ul>	12mth rolling Breastfeeding dashboard (Jan-Dec 2023) – <i>targets to be defined</i>	
							First feed	68.0%
							Fed at 48hrs	68.1%
							Fed at discharge	51.2%
		Fed at any point	76.9%					
Implementation of escalation pathways for service users and members of the workforce to raise patient safety concerns	December 2023	<p>Clear pathways for clinical escalation identify roles and responsibilities and actions to take based on the need / acuity of emerging emergency situations</p> <p>Service users and the workforce are empowered to, and are cared for/work within the right culture, behaviours and conditions that enable effective clinical escalation when they identify concerns, deterioration or a potential mistake</p> <p>Service users are witness to respectful and conducive conversations that provide reassurance and better understandings of their own situation</p>	13. Embedded use of the Maternity Escalation Policy and use of MOPEL action cards	<b>COMPLETE</b> Maternity Escalation Policy v8 published May 2022. MOPEL status action cards issued and laminated	<ul style="list-style-type: none"> <li>Reduced adverse outcomes from serious incidents</li> </ul>	Data being collected		
			14. Implementation of structured escalation framework e.g. <a href="#">Each Baby Counts: Learn and Support Escalation Toolkit</a>	<b>OFF TRACK</b> Roll-out of the toolkit is behind schedule and will be taken forward by the recently appointed Consultant Midwife for implementation before year-end	<ul style="list-style-type: none"> <li>Introduction of scheduled 'Escalation surveys': <ul style="list-style-type: none"> <li>Do you know everyone on your shift today?</li> <li>Do you know who you're going to escalate concerns to during the shift?</li> <li>Have you said thank you to a colleague?</li> <li>Have you celebrated your successes together?</li> </ul> </li> <li>Have you made sure your colleagues are okay at the beginning and end of each shift?</li> </ul>	Not yet implemented		
			15. Standardise a daily cross-site multi-professional safety huddle every day to identify any concerns/issues anticipated that day	<b>COMPLETE</b> Daily MDT huddles embedded practice and well attended	<ul style="list-style-type: none"> <li>Compliance checks against SITREP template</li> </ul>	Embedded practice with recorded attendance and notes of discussion		
			16. Staff and service users report feeling listened to	<b>OFF TRACK</b> 2022 score of 5.6 v 6.6 (national) Pending NHS Staff Survey Results 2023	<ul style="list-style-type: none"> <li>Alignment to <a href="#">NHS Staff Survey</a> national average scores for: <ul style="list-style-type: none"> <li>People Promise 3 – we have a voice that counts (5.6 v 6.6)</li> </ul> </li> </ul>	Pending NHS Staff Survey Results 2023		
				YVIH: Women/birthing people feel listened to is at 86.7% vs 90% target (Jun-Dec 2023)	<ul style="list-style-type: none"> <li>85% YVIH metric services users 'felt listened to'</li> </ul>	Jun-Dec 2023: I was listened to through my care 		

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Maternity and Neonatal Improvement Programme (MNIP) – Progress Report:**

[Workstream 4 – Listening to and working with women and families with compassion](#)

Meeting date: **4 April 2024**

Board sponsor: **Chief Nursing and Midwifery Officer**

Paper Author: **Maternity Improvement and Transformation Programme Manager**

Appendices:

Appendix 1: MNIP Workstream 4 Charter

Executive summary:

<b>Action required:</b>	<b>Assurance</b>												
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 4 from the Maternity and Neonatal Improvement Programme.												
<b>Workstream SRO:</b>	Chief Nursing & Midwifery Officer												
<b>Care Group Lead:</b>	Head of Midwifery & Gynaecology (William Harvey Hospital (WHH))												
<b>Progress and successes:</b>	<p>There are <b>seven</b> high level milestones (recommendations) within Workstream 4 – Listening to and working with women and families with compassion. All of these are due to complete in Year 1.</p> <p>There are 19 deliverables (actions) across the seven milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. One milestone (recommendation) is 'off track' and all others are either on track or complete.</p> <p><b>Year 1 (2023/24)</b></p> <table border="1"> <thead> <tr> <th>Workstream 4 Milestones (Recommendations)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td><b>Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework</b></td> <td><b>Off track</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Sharing of PCSP Information with, and completion of Personalised Care Institute training by, the maternity workforce</li> </ul> </td> <td>Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Implementation of the NHS England (NHSE) Personalised care and support planning guidance</li> </ul> </td> <td>Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes</li> </ul> </td> <td>Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Through the eLearning for healthcare (eLfh) Cultural Competence programme the workforce responds to the needs of our diverse population through an understanding</li> </ul> </td> <td>Off track</td> </tr> </tbody> </table>	Workstream 4 Milestones (Recommendations)	Status	<b>Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework</b>	<b>Off track</b>	<ul style="list-style-type: none"> <li>Sharing of PCSP Information with, and completion of Personalised Care Institute training by, the maternity workforce</li> </ul>	Off track	<ul style="list-style-type: none"> <li>Implementation of the NHS England (NHSE) Personalised care and support planning guidance</li> </ul>	Off track	<ul style="list-style-type: none"> <li>With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes</li> </ul>	Off track	<ul style="list-style-type: none"> <li>Through the eLearning for healthcare (eLfh) Cultural Competence programme the workforce responds to the needs of our diverse population through an understanding</li> </ul>	Off track
Workstream 4 Milestones (Recommendations)	Status												
<b>Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework</b>	<b>Off track</b>												
<ul style="list-style-type: none"> <li>Sharing of PCSP Information with, and completion of Personalised Care Institute training by, the maternity workforce</li> </ul>	Off track												
<ul style="list-style-type: none"> <li>Implementation of the NHS England (NHSE) Personalised care and support planning guidance</li> </ul>	Off track												
<ul style="list-style-type: none"> <li>With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes</li> </ul>	Off track												
<ul style="list-style-type: none"> <li>Through the eLearning for healthcare (eLfh) Cultural Competence programme the workforce responds to the needs of our diverse population through an understanding</li> </ul>	Off track												

	of the key issues relating to culture and how this may influence the uptake of health care and treatment options	
	<ul style="list-style-type: none"> <li>• 'Intentional rounding' ensures regular checks that fundamental care needs of service users are met, as recorded in their PCSP (pain, placement, personal needs, positioning)</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>• Care outside guidance pathway</li> </ul>	Off track
	<b>Improved results of indicators from the Care Quality Commission (CQC) Maternity Survey</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>• Delivery of local CQC Maternity Survey action plan to address results from 2022, focused on identified areas for improvement</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Ensuring the availability of bereavement services 7 days a week for families who sadly experience loss</li> </ul>	On track
	<b>MNIP Communications Plan</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>• Collaborative development of an Engagement Framework including, but not exclusive to: <ul style="list-style-type: none"> <li>○ Maternity and Neonatal Voices Partnership (MNVP)</li> <li>○ Local Maternity and Neonatal System (LMNS)</li> <li>○ Integrated Care System (ICS)</li> <li>○ EKHUFT Patient Participation and Action Group (PPAG)</li> <li>○ EKHUFT Maternity service user feedback</li> <li>○ EKHUFT Maternity workforce feedback</li> </ul> </li> </ul>	On track
	<b>The workforce and service users feel involved in the improvement of Maternity and Neonatal services through coproduction</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>• Collaborative working with local and regional stakeholder groups opens opportunities for sharing learning from service user experiences, and for involvement with service redesign through implementation of NHS South East Clinical Delivery and Networks Maternity and Neonatal Co-Production Resource Pack</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Support and promotion of opportunities for engagement with service developments are provided through multiple platforms including the Professional Midwifery Advocate (PMA) team</li> </ul>	On track
	<b>Improved equity and equality in maternity and neonatal care</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>• Alignment to the NHSE Equity and Equality guidance for local maternity systems</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Equitable access to perinatal mental health (MH) services</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Equitable access to perinatal pelvic health services</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Alignment to NHS Accessible Information Standard (AIS) ensures information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss are met</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• Increased diversity of the East Kent Maternity and Neonatal Voices Partnership (MNVP) to reflect the local community</li> </ul>	On track
	<b>Embedded communications plan and Patient Voices Model to improve service user and workforce engagement, feedback and experience</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>• Consistent, structured and timely information is shared and received between maternity and neonatal services, its workforce, service users and regional partners through an agreed communications plan, which includes multiple formats such as: <ul style="list-style-type: none"> <li>○ Patient stories</li> <li>○ Newsletters</li> <li>○ Surveys</li> <li>○ Infographics</li> </ul> </li> </ul>	On track

	<ul style="list-style-type: none"> <li>• Platforms for sharing messages include: <ul style="list-style-type: none"> <li>○ Workshops</li> <li>○ Meetings / forums</li> <li>○ Social media</li> <li>○ Email</li> <li>○ Videos / podcasts</li> <li>○ Patient information screens</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>• Maternity Patient Voices Model collates feedback from all formal sources into a central point for analysis of response rates, satisfaction measures, themes and trends. Learning is shared through the communications plan and identifies areas for improvement; areas for improvement are collated into a central point for oversight and triangulation</li> </ul>	On track
	<ul style="list-style-type: none"> <li>• 'Little Voices are Heard' local initiative for children and young people to raise concerns in a safe space to a trusted person</li> </ul> <p>Additional successes of Year 1 so far have been:</p> <ul style="list-style-type: none"> <li>• Introduction of additional platforms for obtaining feedback in collaboration with MNVP e.g. walking the patch, leave your troubles at our door, use of patient stories, commencement of restorative work recommended in the Reading the Signals report.</li> </ul>	On track
<b>Risks and issues:</b>	<p>There is a risk that although Personalised Care and Support Plans have been disseminated, they are not fully embedded or used by women/birthing people which will cause a delay in women/birthing people feeling that their preferences and choices are heard, discussed and understood.</p> <p>The clinical lead for this workstream will review the roll-out process and status of the use of PCSPs with the community workforce, and test with a sample of current pregnant women / birthing people.</p> <p>It should also be recognised that the benefit of achieving some of the milestones within this workstream will be realised over a period of time so the Trust will need to allow time for new ways of working to have an impact on e.g. themes and trends, and survey results.</p>	
<b>Escalations:</b>	<b>No escalations to report</b>	
<b>Key recommendations:</b>	<p>The Board of Directors is asked to acknowledge the work underway for this workstream, and receive assurances from / raise any queries / make any recommendations relating to the mitigations in place for the three areas of escalation.</p> <p>The Board of Directors is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, and Quality and Safety Committee.</p>	

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
----------------------------------	--

<b>Link to the Trust Risk Register:</b>	CRR118 – Organisational culture.
<b>Resource:</b>	Y. Programme Lead, Executive Senior Responsible Officer (SRO), Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

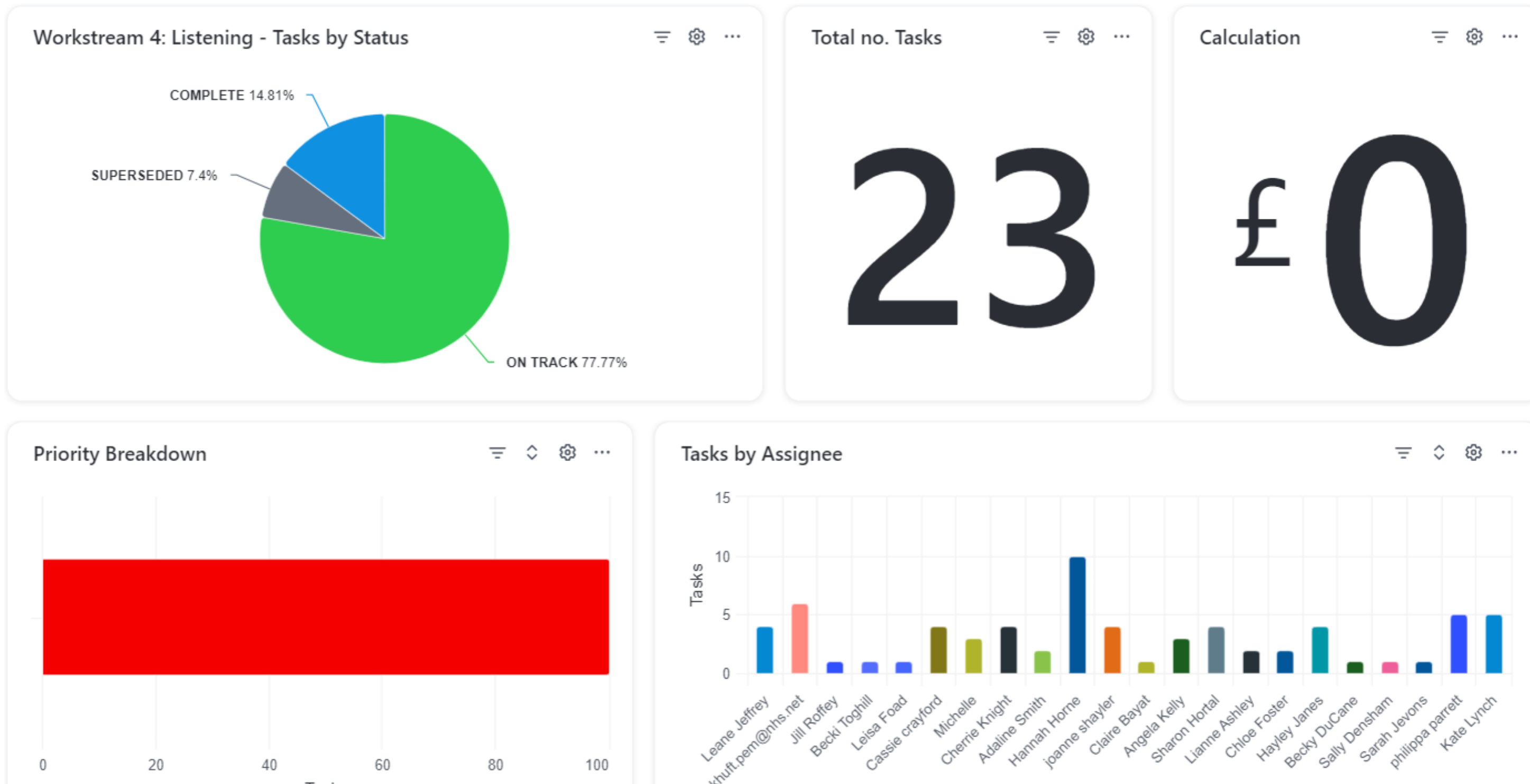
**Implications:**

**Assurance route:**

Previously considered by: NHSE Maternity Improvement Advisor, Director of Midwifery

**MNIP Workstream 4 – Listening - Dashboard**

The MNIP deliverables are managed through productivity software called ClickUp. Within the seven milestones and 19 deliverables of Workstream 4 are 23 tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1 MNIP priorities and how they have been allocated across the workforce.



**Priority key code**  
█ MNIP Yr. 1



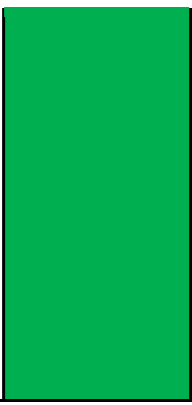
**Workstream 4: Listening to and working with women and families with compassion**  
 Objective: To listen to our birthing people and our workforce to design coproduced, personalised and equitable Maternity & Neonatal Services

Executive Senior Responsible Officer (SRO): Chief Nursing & Midwifery Officer

Associated Document: Reading the Signals, October 2022 – Dr Bill Kirkup CBE

High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure
❖ Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework	December 2023	People are empowered and have choice and control over the way their care is planned and received based on 'what matters' to them and their individual needs and preferences without repetition  Core20PLUS5 is an Integrated Care System (ICS) framework to target clinical areas requiring accelerated improvement based on; <ul style="list-style-type: none"> <li>- 20% of the national population as identified by the Index of Multiple Deprivation (IMD)</li> <li>- ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes</li> <li>- Five clinical areas of focus which require accelerated improvement; one of these being <b>Maternity</b></li> </ul>	1. Sharing of <a href="#">PCSP Information with Personalised Care Institute training</a> by, the maternity workforce	<b>OFF TRACK</b> PCSP training details circulated and pending confirmation of completion rate / training plan	• Benchmarked PCSP completion rates against registered pregnancies to identify compliance	Data not yet available
			2. Implementation of the <a href="#">NHSE Personalised care and support planning guidance</a>	<b>OFF TRACK</b> Physical copies of PCSPs distributed across community midwife teams but women have not been bringing them into hospital or referencing them during hospital care; revisit implementation process		
			3. With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes	<b>OFF TRACK</b> These conversations are held and recorded but confirmation required as to whether this is now being detailed in the PCSPs	• Improved <a href="#">CQC Maternity Survey results</a>	2022 Results, top 5 areas for improvement 
			4. Through the <a href="#">eLearning for healthcare (eLfh) Cultural Competence programme</a> the workforce responds to the needs of our diverse population through an understanding of the key issues relating to culture and how this may influence the uptake of health care and treatment options	<b>OFF TRACK</b> Using our demographic information alongside the eLfh programme is in its infancy but is increasingly being used to shape our service provision e.g. CQC Maternity survey posters in our top 5 languages, as requested via translation and interpretation service provider		
			5. 'Intentional rounding' ensures regular checks that fundamental care needs of service users are met, as recorded in their PCSP (pain, placement, personal needs, positioning)	<b>COMPLETE</b> Regularly undertaken by Head of Midwifery, and midwives also complete 'essential rounding' at minimum every 4hrs	• Intentional Rounding compliance audit results	Data not yet available
			6. Care outside guidance pathway	<b>OFF TRACK</b> Women Requesting Care outside of Guidance v2 published December 2021. Guideline and service provision to be reviewed under leadership of newly appointed consultant midwife who has commenced work with the Community Matrons to redesign the pathway		
❖ Improved results of indicators from the CQC Maternity Survey	March 2024	CQC Maternity Survey 2023 demonstrates improved service user experience of antenatal, intrapartum and postnatal care including support services e.g. infant feeding	7. Delivery of local CQC Maternity Survey action plan to address results from 2022, focused on identified areas for improvement	<b>ON TRACK</b> Action plan in response to 2022 survey results being progressed and monitored with oversight from Deputy Director of Midwifery and input from Maternity & Neonatal Voices Partnership (MNVP)  Pending CQC Maternity Survey 2023 results. Due 09 Feb 2024	• Progress against local CQC Maternity Survey 2022 action plan  • Improved CQC Maternity Survey 2023 Results	Data being collected  Pending results for 2023 (due 09 Feb 2024)
❖ Ensuring the availability of bereavement services 7 days a	March 2024	Bereaved families receive compassionate high-quality care including appropriate accommodation	8. Implementation of a 7-day bereavement service	<b>ON TRACK</b> Small Steps bereavement service embedded and providing compassionate	• Evidence of required workforce, dedicated bereavement accommodation and facilities across sites	Twinkling Stars bereavement suite at WHH to be relocated by March 2024

week for families who sadly experience loss



care and support to all of our families on the pathway.

Pending publication of the guideline which is highlighted as a risk under milestone (p) of Workstream 3 – Clinical pathways: Bereavement Care

Works also yet to start to relocate Twinkling Stars bereavement suite at WHH; care group meeting scheduled to review and agree final plans

- Rotas demonstrate availability of a 7-day service

“My friend, my rock and my midwife Emma...In April 2023 I fell pregnant with my rainbow baby George. The 9 months carrying George felt like a lifetime...of worry, anxiety and hope...You have been my only constant during that time...You have been there at the worst and best moments of my life and you will always be so so special to me...”



<p>❖ Implementation of Maternity and Neonatal Engagement Framework</p> <p>Superseded by MNIP Communications Plan</p>	<p>March 2024</p>	<p>Coproduction of services with the workforce and service users garners valuable feedback about how healthcare services work in practice, considers what works well and brings about ideas for improvement.</p> <p>Participation helps to improve health inequalities experienced by protected characteristic groups</p> <p>Embedded coproduction into the culture and practice of maternity services to ensure that pathways and patient information are robustly developed to reflect and be responsive to local need</p>	<p>9. Collaborative development of an Engagement Framework including, but not exclusive to:</p> <ul style="list-style-type: none"> <li>- Maternity and Neonatal Voices Partnership (MNVP)</li> <li>- Local Maternity and Neonatal System (LMNS)</li> <li>- Integrated Care System (ICS)</li> <li>- EKHUFT Patient Participation and Action Group (PPAG)</li> <li>- EKHUFT Maternity service user feedback</li> <li>- EKHUFT Maternity workforce feedback</li> </ul>	<p><b>ON TRACK</b></p> <p>First draft of Communication Plan shared for expert review prior to circulation for wider consultation</p>	<p>Progress against Engagement Framework development plan</p>	<p>Draft v0.1</p>																																																
<p>○ The workforce and service users feel involved in the improvement of Maternity and Neonatal services through coproduction</p>	<p>March 2024</p>		<p>10. Collaborative working with local and regional stakeholder groups opens opportunities for sharing learning from service user experiences, and for involvement with service redesign through implementation of <a href="#">NHS South East Clinical Delivery and Networks Maternity and Neonatal Co-Production Resource Pack</a></p>	<p><b>ON TRACK</b></p> <p>MNVP have a schedule of sites visits planned throughout 2024, which includes a review of progress against the MNIP. These opportunities will be used to review the coproduction resource pack.</p>	<ul style="list-style-type: none"> <li>Improved trajectory of <a href="#">NHS Staff Survey</a> for: <ul style="list-style-type: none"> <li>Staff Engagement</li> <li>Morale</li> <li>People Promise 3 – We have a voice that counts</li> </ul> </li> </ul>	<p>Pending NHS Staff Survey 2023 results</p>																																																
			<p>11. Support and promotion of opportunities for engagement with service developments are provided through multiple platforms including the Professional Midwifery Advocate (PMA) team</p>	<p><b>ON TRACK</b></p> <p>Both MNIP Engagement Days have received very positive feedback with demonstrable improved sense of engagement with the programme.</p> <p>PMA Lead out to advert, and PMA development in planning</p>	<ul style="list-style-type: none"> <li>Progress against the MNVP Feedback Log</li> </ul>	<p>Data being collected</p>																																																
<p>❖ Improved equity and equality in maternity and neonatal care</p>	<p>March 2024</p>	<p>All service users achieve good health outcomes by responding to each person’s unique health and social situation, with increasing support as health inequalities increase, so that care is safe and personalised for all</p>	<p>12. Alignment to the <a href="#">NHSE Equity and Equality guidance for local maternity systems</a></p>	<p><b>ON TRACK</b></p> <p>Outcome data is now being reviewed by ethnicity and level of social deprivation to enable data analysis and support local adaptations to improve service provision.</p>	<ul style="list-style-type: none"> <li>Maternity dashboard metrics are available by ethnicity and Index of Multiple Deprivation (IMD)</li> </ul>	<p>Women delivered by ethnic group (Jun-Dec 2023)</p>																																																
					<ul style="list-style-type: none"> <li>MBRRACE-UK Perinatal mortality metrics for stillbirths and neonatal mortality for Black and Asian babies divided by the rate for White babies in the UK, expressed as a ratio</li> </ul>	<p>EKHUFT Stillbirth by Ethnicity (Rate = per 1,000 births)</p> <table border="1"> <thead> <tr> <th rowspan="2">Ethnicity</th> <th colspan="2">2022</th> <th colspan="2">2023</th> </tr> <tr> <th>No.</th> <th>Rate</th> <th>No.</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Asian</td> <td>2</td> <td>7.81</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Black</td> <td>1</td> <td>7.19</td> <td>1</td> <td>5.35</td> </tr> <tr> <td>White</td> <td>22</td> <td>3.97</td> <td>6</td> <td>2.22</td> </tr> </tbody> </table> <p>EKHUFT Neonatal mortality by Ethnicity (Rate = per 1,000 births)</p> <table border="1"> <thead> <tr> <th rowspan="2">Ethnicity</th> <th colspan="2">2022</th> <th colspan="2">2023</th> </tr> <tr> <th>No.</th> <th>Rate</th> <th>No.</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Asian</td> <td>0</td> <td>0.00</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Black</td> <td>0</td> <td>0.00</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>White</td> <td>3</td> <td>0.54</td> <td>8</td> <td>1.63</td> </tr> </tbody> </table>	Ethnicity	2022		2023		No.	Rate	No.	Rate	Asian	2	7.81	0	0.00	Black	1	7.19	1	5.35	White	22	3.97	6	2.22	Ethnicity	2022		2023		No.	Rate	No.	Rate	Asian	0	0.00	0	0.00	Black	0	0.00	0	0.00	White	3	0.54	8	1.63
Ethnicity	2022		2023																																																			
	No.	Rate	No.	Rate																																																		
Asian	2	7.81	0	0.00																																																		
Black	1	7.19	1	5.35																																																		
White	22	3.97	6	2.22																																																		
Ethnicity	2022		2023																																																			
	No.	Rate	No.	Rate																																																		
Asian	0	0.00	0	0.00																																																		
Black	0	0.00	0	0.00																																																		
White	3	0.54	8	1.63																																																		
					<ul style="list-style-type: none"> <li>Office for National Statistics (ONS) Perinatal mortality metrics for stillbirths and neonatal mortality for the most and least deprived communities in England, measured using the slope index of inequality</li> </ul>	<p>EKHUFT Stillbirth by IMD (2022) shows highest three rates per 1,000 births as levels 7-10 (least deprived). Middle three stillbirth rates are levels 1-3 (Most deprived)</p>																																																

Index of Multiple Deprivation Decile	Stillbirths & Neonatal Deaths	Births	Extended Perinatal Death Rate per 1,000
Unknown	2	115	17
10 (Least Deprived)	1	90	11
9	4	367	10
8	5	667	7
7	6	984	6
6	3	581	5
5	3	693	4
4	2	507	3
3	2	797	2
2	1	839	1
1 (Most Deprived)	0	606	0
<b>Total</b>	<b>29</b>	<b>6,246</b>	<b>4</b>

EKHUFT Stillbirth by IMD (2023) shows highest rate per 1,000 births as levels 9-10 with most deprived in lower end of table:

Index of Multiple Deprivation Decile	Stillbirths & Neonatal Deaths	Births	Extended Perinatal Death Rate per 1,000
10 (Least Deprived)	1	94	11
9	3	318	10
Unknown	1	188	10
8	3	621	7
7	2	606	6
6	2	629	5
5	1	837	4
4	0	642	3
3	0	504	2
2	0	472	1
1 (Most Deprived)	0	472	0
<b>Total</b>	<b>16</b>	<b>5,691</b>	<b>2</b>

13. Equitable access to perinatal mental health (MH) services

**ON TRACK**  
ICB-level mental health dashboard report produced quarterly and demonstrates increased reporting. Local data now identifiable by demographic so Trust will work with ICB to understand equity of access to services by referral caseload

- Case numbers accessing perinatal mental services by ethnicity and Index of Multiple Deprivation (IMD)
- [NHS Mental Health Dashboard metrics](#)

No. Accessing perinatal MH services (ICB):		
Trend	12mth Change	24mth Change
	↑ 18.3%	120.8%

14. Equitable access to perinatal pelvic health services

**NOT YET STARTED**

- Case numbers accessing perinatal pelvic health services by ethnicity and Index of Multiple Deprivation (IMD)

Not yet available

15. Alignment to [NHS Accessible Information Standard \(AIS\)](#) ensures information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss are met

**ON TRACK**  
Being monitored through monthly AIS meeting chaired by corporate Head of Patient Involvement

- AIS Guideline compliance
- Evidence of AIS needs recorded in patient record systems e.g. Euroking, PAS, Sunrise

Data being collected

Pending NHS Resolution 'Reasonable Adjustments' digital flag

16. Increased diversity of the East Kent Maternity and Neonatal Voices Partnership (MNVP) to reflect the local community

**ON TRACK**  
MNVP is now single service user stakeholder group which will improve and increase diversity of membership, supported by active / joint membership campaigns

- MNVP demographic data

Data being collected

❖ Embedded communications plan and Patient Voices Model to improve service user and workforce engagement, feedback and experience

March 2024

Good experience of care, treatment and support underpins excellent maternity and neonatal services, alongside clinical effectiveness and safety, and helps to shape service improvement

17. Consistent, structured and timely information is shared and received between maternity and neonatal services, its workforce, service users and regional partners through an agreed communications plan, which includes multiple formats such as:

- Patient stories
- Newsletters
- Surveys
- Infographics

Platforms for sharing messages include:

- Workshops
- Meetings / forums
- Social media
- Email
- Videos / podcasts
- Patient information screens

**ON TRACK**  
First draft of Communication Plan shared for expert review prior to circulation for wider consultation

- [Friends and Family Test](#) (FFT) results
- [Your Voice is Heard](#) metrics
- Compliance with [CNST Safety Action 7](#)

18. Maternity Patient Voices Model collates feedback from all formal sources into a central point for analysis of response rates, satisfaction measures, themes and trends. Learning is shared through the communications plan and identifies areas for improvement; areas for improvement are collated into a central point for oversight and triangulation

**ON TRACK**  
IT have feedback PTL in development and near completion; one central tool to collate feedback from all sources of the Maternity Patient Voices model to support thematic analysis of service user feedback

- Themes and tone of qualitative service user feedback from all sources

Central feedback collation tool (PTL) being developed.

Example of sharing 'You said, we did':

19. 'Little Voices are Heard' local initiative for children and young people to raise concerns in a safe space to a trusted person

**NOT YET STARTED**  
Determine if still required

- Feedback results from the Patient Voices Model

Determine if still required

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Maternity and Neonatal Improvement Programme (MNIP) – Progress Report:**

**Workstream 5 – Growing retaining and supporting our workforce**

Meeting date: **4 April 2024**

Board sponsor: **Chief Nursing and Midwifery Officer**

Paper Author: **Maternity Improvement and Transformation Programme Manager**

**Appendices:**

**Appendix 1: MNIP Workstream 5 Charter**

**Executive summary:**

<b>Action required:</b>	<b>Assurance</b>								
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 5 from the Maternity and Neonatal Improvement Programme.								
<b>Workstream Senior Responsible Officer (SRO):</b>	Chief Nursing & Midwifery Officer								
<b>Care Group Lead:</b>	Head of Midwifery & Gynaecology (William Harvey Hospital (WHH)) Managing Director for Women's, Children's and Young People								
<b>Progress and successes:</b>	<p>There are <b>seven</b> high level milestones (recommendations) within Workstream 5 Growing retaining and supporting our workforce, and three of these are due to complete in Year 1, with four to complete in Year 2.</p> <p>There are 27 deliverables (actions) across the seven milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. One milestone (recommendation) is 'off track' and all others are in progress and on track.</p> <p><b>Year 1 (2023/24)</b></p> <table border="1"> <thead> <tr> <th><b>Workstream 5 Milestones (Recommendations)</b></th> <th><b>Status</b></th> </tr> </thead> <tbody> <tr> <td><b>Implementation of a structured framework for supporting the local workforce</b></td> <td><b>On track</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Implementation of a medical clinical supervision model aligned to Royal College of Obstetricians and Gynaecologists (RCOG), and British Association of Perinatal Medicine (BAPM) guidance</li> </ul> </td> <td>On track</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>A dedicated Professional Midwifery Advocate (PMA) team to support local needs and priorities through restorative clinical supervision, aligned to a formalised clinical supervision model such as A-QUIP</li> </ul> </td> <td>On track</td> </tr> </tbody> </table>	<b>Workstream 5 Milestones (Recommendations)</b>	<b>Status</b>	<b>Implementation of a structured framework for supporting the local workforce</b>	<b>On track</b>	<ul style="list-style-type: none"> <li>Implementation of a medical clinical supervision model aligned to Royal College of Obstetricians and Gynaecologists (RCOG), and British Association of Perinatal Medicine (BAPM) guidance</li> </ul>	On track	<ul style="list-style-type: none"> <li>A dedicated Professional Midwifery Advocate (PMA) team to support local needs and priorities through restorative clinical supervision, aligned to a formalised clinical supervision model such as A-QUIP</li> </ul>	On track
<b>Workstream 5 Milestones (Recommendations)</b>	<b>Status</b>								
<b>Implementation of a structured framework for supporting the local workforce</b>	<b>On track</b>								
<ul style="list-style-type: none"> <li>Implementation of a medical clinical supervision model aligned to Royal College of Obstetricians and Gynaecologists (RCOG), and British Association of Perinatal Medicine (BAPM) guidance</li> </ul>	On track								
<ul style="list-style-type: none"> <li>A dedicated Professional Midwifery Advocate (PMA) team to support local needs and priorities through restorative clinical supervision, aligned to a formalised clinical supervision model such as A-QUIP</li> </ul>	On track								

	<ul style="list-style-type: none"> <li>Thematic lessons learned from reflective practice and clinical supervision activities – agreed as superseded by MNAG (to be removed from the charter)</li> </ul>	Off track <b>Remove</b>
	<b>Implementation of 3-year Training Needs Analysis (TNA), and Annual Training Plan (ATP)</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>Training Needs Analysis (TNA) identifies annual and 3-yearly statutory and mandatory training requirements by grade and clinical / non-clinical roles, including Internationally Educated Midwives (IEMs) and preceptors/preceptees</li> </ul>	On track
	<ul style="list-style-type: none"> <li>The TNA, in line with clinical competency framework, also includes thematic learning from patient-safety related activities and feedback from the workforce and service users where improvements for knowledge and skills are identified</li> </ul>	On track
	<ul style="list-style-type: none"> <li>A funded programme of training and education is collated into an Annual Training Plan (ATP) with opportunities including Continued Professional Development (CPD) shared through a Maternity and Neonatal prospectus</li> </ul>	Off track
	<ul style="list-style-type: none"> <li>Competency frameworks that underpin each role across Maternity and Neonatal services – agreed as superseded by MNAG (to be removed from the charter)</li> </ul>	Off track <b>Remove</b>
	<b>Improved provisions for student development</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>Reintegration of student midwives into EKHUFT</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>A multi-professional 'student plan' will form part of the over-arching recruitment / workforce plan for Maternity and Neonatal Services, at local and regional levels</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Recruitment hubs will promote new opportunities across Maternity and Neonatal services, including international recruitment, and a suite of unique selling points (USPs) will set EKHUFT apart from, but remain complimentary to and considerate of, national peers, to establish the Trust as a preferred choice of employment</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Students will spend the necessary time for their education programme in clinical practice with direct contact with service users. This could be at home, in the community, on midwifery-led units, in specialist clinics, and in other hospital-based settings supported by a team of qualified practice education facilitators</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Learning resources, time and spaces will ensure compliance with regulatory and educational frameworks</li> </ul>	On track
	<b>Year 2 (2024/25)</b>	
	<b>Workstream 5 Milestones (Recommendations)</b>	<b>Status</b>
	<b>Agreed Maternity and Neonatal Succession Plan using a recognised NHS talent management toolkit</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>Alignment to the NHS People Plan</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Medical job plans reflective of demand and capacity</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Maternity and Neonatal workforce, recruitment and retention plan(s)</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Clearly defined local and regional career pathways to provide guidance and options to the workforce when making career choices</li> </ul>	On track
	<b>An effective 'Safe Staffing' model to meet local and regional service needs</b>	<b>On track</b>
	<ul style="list-style-type: none"> <li>Embedded use of an activity/acuity-based workforce assessment and planning tool to identify daily and long-term establishment needs, such as Birthrate Plus (BR+)</li> </ul>	On track

	<ul style="list-style-type: none"> <li>Implementation of a process for RCOG Certificate of Eligibility for short-term locums providing middle-grade cover</li> </ul>	Complete																																	
	<ul style="list-style-type: none"> <li>Alignment to 3-Year Single Delivery Plan for Maternity and Neonatal Services Theme 2: Growing, retaining and supporting our workforce</li> </ul>	Complete																																	
	<ul style="list-style-type: none"> <li>Rotas that reflect and provide the appropriate skill mix required for each shift, including e.g. anaesthetics, neonatal services, sonography</li> </ul>	On track																																	
	<b>Sustained levels of improved staff satisfaction</b>	<b>On track</b>																																	
	<ul style="list-style-type: none"> <li>Access to a full suite of wellbeing support, which includes mental health services, and return to work meetings to support people coming back into the workplace following a period of absence</li> </ul>	Complete																																	
	<ul style="list-style-type: none"> <li>'Check in / Check out' opportunities at the beginning and end of each shift support safe spaces to have conversations about any personal worries or concerns</li> </ul>	Not yet started																																	
	<ul style="list-style-type: none"> <li>Promotion of, and equal opportunities for, flexible working</li> </ul>	Complete																																	
	<ul style="list-style-type: none"> <li>Routine stay / exit interviews to understand the reasons that people remain in post / leave the EKHUFT Maternity Service to enable identification of the what could be improved or done more consistently well to retain the workforce</li> </ul>	On track																																	
	<b>A workforce reflective of the service demographic</b>	<b>On track</b>																																	
	<ul style="list-style-type: none"> <li>Established Maternity and Neonatal Equality, Diversity and Inclusion (EDI) network</li> </ul>	On track																																	
	<ul style="list-style-type: none"> <li>Representation of Maternity and Neonatal services at the Trust's Ethnic Diversity Engagement Network (EDEN)</li> </ul>	Off track																																	
	<ul style="list-style-type: none"> <li>Alignment to NHS People Plan, recruitment and retention hubs supported by targeted and accessible recruitment campaigns with diverse recruitment panels</li> </ul>	Not yet started																																	
	<p>Additional successes of Year 1 so far have been:</p> <ul style="list-style-type: none"> <li>Appointment of specialist/leadership roles, including <ul style="list-style-type: none"> <li>Director of Midwifery</li> <li>Deputy Director of Midwifery</li> <li>Deputy Head of Midwifery</li> <li>Consultant Midwife</li> <li>Head of Governance 28 March 2024</li> </ul> </li> </ul>																																		
<b>Risks and issues:</b>	<p>There is a risk that non-completion of the 'off track' deliverables will impact success of the overarching milestone, and that despite all efforts to professionalise the workforce, remove bias from recruitment, succession opportunities, and offer incentives to attract new starters that pockets of vacancies and sickness absence remain high and impact the ability to deliver services to meet demand and offer high quality patient experience.</p> <p>It should also be recognised that the benefit of achieving some of the milestones within this workstream will be realised over a period of time so the Trust will need to allow time for new ways of working to have an impact on e.g. themes and trends, and survey results.</p>																																		
<b>Escalations:</b>	<p><b>Maternity workforce metrics (People Manager dashboard – data for Dec 2023, as at 06.02.2024)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Metric</th> <th rowspan="2">Target</th> <th rowspan="2">TOTAL</th> <th colspan="2">WHH</th> <th colspan="2">QEQM</th> <th colspan="2">KCH</th> </tr> <tr> <th>Trust</th> <th>Local (Jan 2024)</th> <th>Trust</th> <th>Local (Jan 2024)</th> <th>Trust</th> <th>Local (Jan 2024)</th> </tr> </thead> <tbody> <tr> <td>Appraisal</td> <td>80%</td> <td>75.5%</td> <td>67.6%</td> <td>TBA</td> <td>75.8%</td> <td>93.0%</td> <td>83.7%</td> <td>TBA</td> </tr> <tr> <td>Vacancy</td> <td>10%</td> <td>9.9%</td> <td>16.7%</td> <td>TBA</td> <td>3.2%</td> <td>5.0%</td> <td>11.0%</td> <td>TBA</td> </tr> </tbody> </table>		Metric	Target	TOTAL	WHH		QEQM		KCH		Trust	Local (Jan 2024)	Trust	Local (Jan 2024)	Trust	Local (Jan 2024)	Appraisal	80%	75.5%	67.6%	TBA	75.8%	93.0%	83.7%	TBA	Vacancy	10%	9.9%	16.7%	TBA	3.2%	5.0%	11.0%	TBA
Metric	Target	TOTAL				WHH		QEQM		KCH																									
			Trust	Local (Jan 2024)	Trust	Local (Jan 2024)	Trust	Local (Jan 2024)																											
Appraisal	80%	75.5%	67.6%	TBA	75.8%	93.0%	83.7%	TBA																											
Vacancy	10%	9.9%	16.7%	TBA	3.2%	5.0%	11.0%	TBA																											

	<b>Sickness</b>	5%	8.4%	10.8%	TBA	6.4%	6.8%	8.9%	TBA
	<b>Turnover</b>	25%	11.0%	17.0%	TBA	6.2%	TBA	11.2%	TBA
	<ul style="list-style-type: none"> <li>• Appraisals are improving and aim to achieve target by Year-end</li> <li>• Vacancies are particularly significant at WHH</li> <li>• Sickness remains an issue across all sites however sickness management plans are being developed</li> <li>• Turnover is below the Trust threshold across all sites</li> <li>• Work is being done to manage local and Trust-level data</li> </ul>								
<b>Key recommendations:</b>	<p>The Board of Directors is asked to acknowledge the escalation and the impact that vacancies and sickness rates combined have on daily service provision. This drives the need for overtime and agency to fill rota gaps and provide the skill mix required for each shift.</p> <ol style="list-style-type: none"> <li>To help mitigate the factors of the escalation, on completion of eLearning, agency workers are being given Active Directory (AD) accounts to enable them to access Trust systems and complete shift tasks that ordinarily they would have to ask a substantive member of staff to complete on their behalf.</li> <li>Milestones (recommendations) and deliverables (actions) across the MNIP aim to reduce mental wellbeing related sickness absence, and develop unique selling points to attract new starters (experienced, as well as students) to EKHUFT.</li> </ol> <p>The Board of Directors is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, and Quality and Safety Committee.</p>								

### Implications:

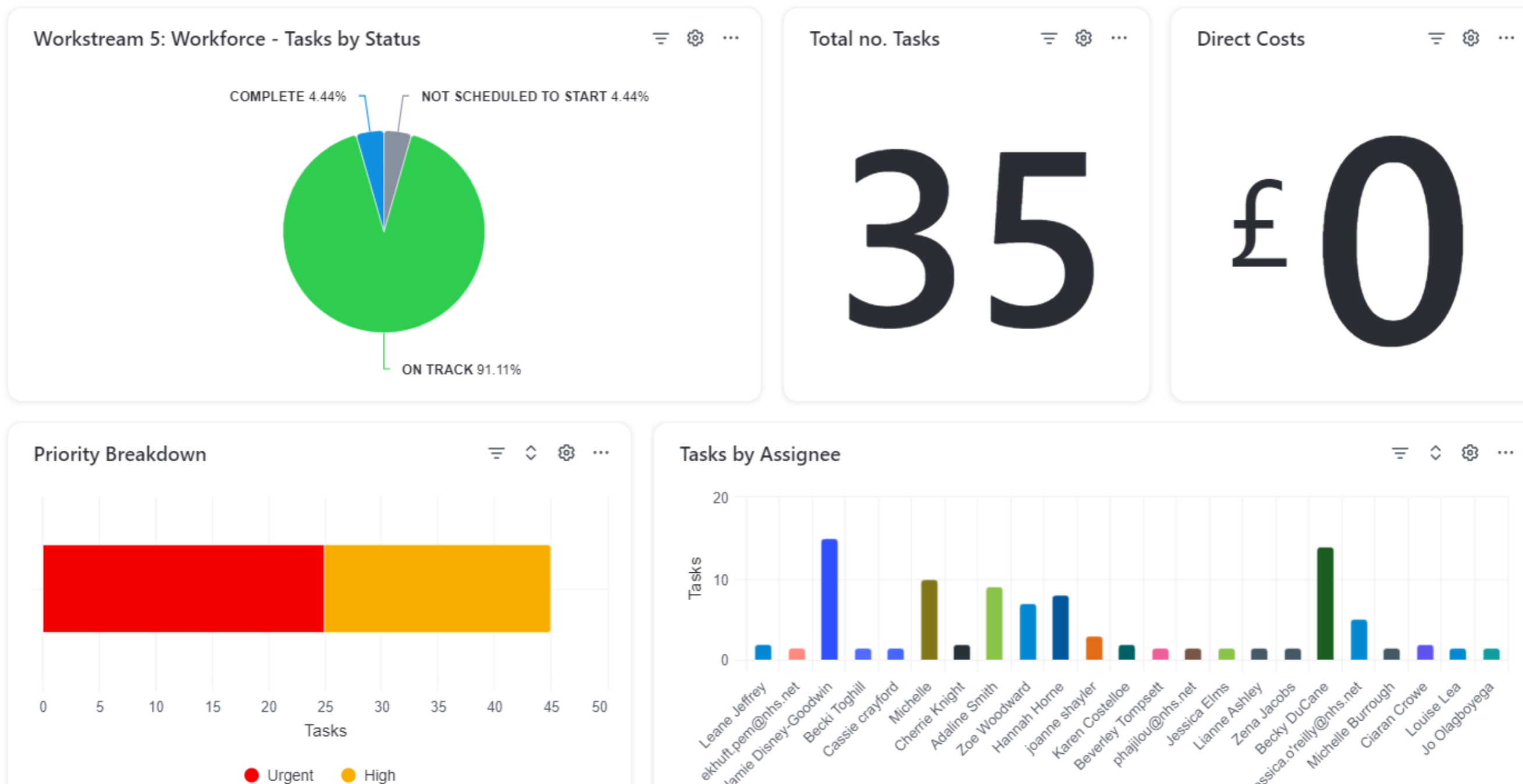
<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR118 – Organisational culture.
<b>Resource:</b>	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

### Assurance route:

Previously considered by: NHS England Maternity Improvement Advisor, Director of Midwifery

**MNIP Workstream 5 – Workforce - Dashboard**

The MNIP deliverables are managed through productivity software called ClickUp. Within the seven milestones and 27 deliverables of Workstream 5 are 35 tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1 and Year 2 MNIP priorities and how they have been allocated across the workforce.



**Priority key code**  
 MNIP Yr. 1  
 MNIP Yr. 2



### Workstream 5: Growing retaining and supporting our workforce

**Objective:** To embed a process of continuous review and planning that produces and retains a competent, supported and sustainable workforce

**Executive Senior Responsible Officer (SRO):** Chief Nursing & Midwifery Officer

**Associated Document:** Reading the Signals, October 2022 – Dr Bill Kirkup CBE

High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure												
❖ Implementation of a structured framework for supporting the local workforce	March 2024	Improved quality and confidence across the multi-professional workforce through a structured framework of support, reflection and learning that harnesses personal and professional development.	1. Implementation of a medical clinical supervision model aligned to Royal College of Obstetricians and Gynaecologists (RCOG), and British Association of Perinatal Medicine (BAPM) guidance	<b>ON TRACK</b> Scoping work has started to complete a gap analysis of clinical leaders within the medical team to identify any formal management / leadership they may have completed to then inform whether any further professional development is required, aligned to the RCOG framework	<ul style="list-style-type: none"> <li>Live register of clinical supervisors with assigned supervisees across all grades/functions</li> </ul>	<ul style="list-style-type: none"> <li>Data being collected</li> </ul>												
			2. A dedicated <a href="#">Professional Midwifery Advocate (PMA)</a> team to support local needs and priorities through restorative clinical supervision, aligned to a formalised <a href="#">clinical supervision model</a> such as <a href="#">A-EQUIP</a>	<b>ON TRACK</b> There are PMAs across the Maternity service, and the current PMA Lead role is out to advert. The service is based on the A-Quip model and work continues to improve clinical supervision and support under this framework														
			3. Thematic lessons learned from reflective practice and clinical supervision activities – <a href="#">Approved by MNAG to be removed, as not a requirement of supervision, which is a confidential process</a>	<b>OFF TRACK</b> Work not yet started on identifying improvements from thematic analysis of PMA feedback - <a href="#">REMOVE</a>			<ul style="list-style-type: none"> <li>Evaluation and feedback on the clinical supervision programmes and supervisor(s)</li> </ul>	<ul style="list-style-type: none"> <li>Not yet available</li> </ul>										
❖ Agreed Maternity and Neonatal <a href="#">Succession Plan</a> using a recognised <a href="#">NHS talent management toolkit</a> .	March 2025	Workforce planning supports current and future, local, national and international resource requirements with clearly defined career pathways to meet and adapt to service needs	4. Alignment to the <a href="#">NHS People Plan</a>	<b>ON TRACK</b> Joint working with the People & Culture team ensures that workforce strategies are aligned to the NHS People Plan	<ul style="list-style-type: none"> <li>Improved trajectory for <a href="#">NHS Staff Survey</a> for:                             <ul style="list-style-type: none"> <li>People Promise 5 – We are always learning</li> </ul> </li> </ul>	NHS Staff Survey 2022 results: <table border="1"> <thead> <tr> <th>PP5</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Ntl avg.</td> <td>5.4</td> <td></td> </tr> <tr> <td>EKHUFT</td> <td>5.1</td> <td></td> </tr> <tr> <td>Maternity</td> <td>3.9</td> <td></td> </tr> </tbody> </table> Pending results of 2023 NHS Staff Survey	PP5	2022	2023	Ntl avg.	5.4		EKHUFT	5.1		Maternity	3.9	
			PP5	2022			2023											
			Ntl avg.	5.4														
			EKHUFT	5.1														
Maternity	3.9																	
5. Medical <a href="#">job plans</a> reflective of demand and capacity	<b>ON TRACK</b> Demand and Capacity review held 2022/23 and informed job planning review. New rotas live from January 2024 and job planning compliance monitored under Trust IIP metric.	<ul style="list-style-type: none"> <li>Improved trajectory for <a href="#">NHS Staff Survey</a> for:                             <ul style="list-style-type: none"> <li>People Promise 2 – We are recognised and rewarded</li> </ul> </li> </ul>	NHS Staff Survey 2022 results: <table border="1"> <thead> <tr> <th>PP2</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Ntl avg.</td> <td>5.7</td> <td></td> </tr> <tr> <td>EKHUFT</td> <td>5.5</td> <td></td> </tr> <tr> <td>Maternity</td> <td>4.5</td> <td></td> </tr> </tbody> </table> Pending results of 2023 NHS Staff Survey	PP2	2022	2023	Ntl avg.	5.7		EKHUFT	5.5		Maternity	4.5				
PP2	2022			2023														
Ntl avg.	5.7																	
EKHUFT	5.5																	
Maternity	4.5																	
6. Maternity and Neonatal workforce, recruitment and <a href="#">retention</a> plan(s)	<b>ON TRACK</b> Regular reviews with People & Culture Business Partner to review establishment and recruitment figures. Formalised schedule being developed	Jan 2023 – 46.8% vs Dec 2023 – <b>91.5%</b> <table border="1"> <thead> <tr> <th>Met</th> <th>Flag</th> <th>KPI</th> <th>Thres.</th> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td></td> <td>Medical Job Planning Rate</td> <td>90.0%</td> <td>91.1%</td> <td>85.1%</td> <td>91.5%</td> </tr> </tbody> </table> This job planning data refers to non-training consultant and SAS grade doctors only, and is not required by other doctor grades	Met	Flag	KPI	Thres.	Oct-23	Nov-23	Dec-23	Y		Medical Job Planning Rate	90.0%	91.1%	85.1%	91.5%		
Met	Flag		KPI	Thres.	Oct-23	Nov-23	Dec-23											
Y		Medical Job Planning Rate	90.0%	91.1%	85.1%	91.5%												
7. Clearly defined local and regional career pathways to provide guidance and options to the workforce when making career choices	<b>ON TRACK</b> MSW Competency Framework will support career progression through non-registered clinical grades. Student midwifery programme back in place; there are now two partner universities. Trust Leadership Development programme prepares registered clinicians for career progression and will be referenced in future appraisals for inclusion in Personal Development Plans, if agreed as a development need	<ul style="list-style-type: none"> <li>Progress against the Succession Plan</li> </ul>	<ul style="list-style-type: none"> <li>Not yet available</li> </ul>															
				<ul style="list-style-type: none"> <li>80% Appraisal rate</li> </ul>	Trust-level dashboard report compliance: <table border="1"> <thead> <tr> <th>Trust</th> <th></th> </tr> </thead> <tbody> <tr> <td>QEQM</td> <td>88.0%</td> </tr> <tr> <td>WHH</td> <td>67.6%</td> </tr> <tr> <td>Community</td> <td>83.7%</td> </tr> <tr> <td>Management</td> <td>25.0%</td> </tr> </tbody> </table>	Trust		QEQM	88.0%	WHH	67.6%	Community	83.7%	Management	25.0%			
Trust																		
QEQM	88.0%																	
WHH	67.6%																	
Community	83.7%																	
Management	25.0%																	

❖ Implementation of 3-year Training Needs Analysis (TNA), and Annual Training Plan (ATP)	March 2024	<p>Teams that work together, train together across all pre- and post-registration training for all professions, to understand and respect each other's skills and perspectives.</p> <p>Supported to complete local, regional and national training requirements the multi-professional workforce is knowledgeable of, and works to, current statutory and mandatory standards</p> <p>A highly competent workforce uses skills and knowledge gained through a dedicated learning environment with specialist resources and learning tools to provide personalised, high-quality care. These skills are aligned to a formalised competency framework, include a focus on professional behaviour and compassionate care, and provide opportunities to progress in-line with an inclusive succession plan</p> <p>Staff feel valued when they are supported to develop</p>	8. Training Needs Analysis (TNA) identifies annual and 3-yearly statutory and mandatory training requirements by grade and clinical / non-clinical roles, including Internationally Educated Midwives (IEMs) and preceptors/preceptees	<b>ON TRACK</b> 3Yr TNA published with Maternity Training Policy v3 (Mar 2023 as will be updated as part of annual review to include training needs of IEMs)	<ul style="list-style-type: none"> <li>85% compliance with annual statutory and mandatory training</li> </ul>	<p>Compliant across 17/20 modules. Non-compliance in the following areas:</p> <table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Safeguarding Adults L2</td> <td>90%</td> <td>87.8%</td> </tr> <tr> <td>Safeguarding Adults L3</td> <td>90%</td> <td>86.6%</td> </tr> <tr> <td>Hand Hygiene</td> <td>85%</td> <td>76.9%</td> </tr> </tbody> </table>		Target	Actual	Safeguarding Adults L2	90%	87.8%	Safeguarding Adults L3	90%	86.6%	Hand Hygiene	85%	76.9%																						
				Target	Actual																																			
			Safeguarding Adults L2	90%	87.8%																																			
			Safeguarding Adults L3	90%	86.6%																																			
			Hand Hygiene	85%	76.9%																																			
				Progress / compliance of delivery of the TNA/ATP	Refer to measures for output 8, above																																			
				Monitoring and review of the training budget/spend	Fortnightly budget review meetings with Finance Business Partner in place																																			
			9. The TNA, in line with clinical competency framework, also includes thematic learning from patient-safety related activities and feedback from the workforce and service users where improvements for knowledge and skills are identified	<b>ON TRACK</b> Learning is incorporated into TNA modules but this needs to be identified by a marker on the updated TNA (as per progress note for output 8, above)	<ul style="list-style-type: none"> <li>Refer to measurables for outputs 8 and 11</li> </ul>	Refer to measures for outputs 8 and 11																																		
			10. A funded programme of training and education is collated into an Annual Training Plan (ATP) with opportunities including Continued Professional Development (CPD) shared through a Maternity and Neonatal prospectus	<b>OFF TRACK</b> Yet to be developed	<ul style="list-style-type: none"> <li>Refer to measurables for outputs 8 and 11</li> </ul>	Refer to measures for outputs 8 and 11																																		
			11. Competency frameworks that underpin each role across Maternity and Neonatal services – Approved by MNAG to be removed as this is set out by the NMC and other professional bodies	<b>OFF TRACK</b> Work was completed by an external consultant in October 2022 and is superseded by the professional registration bodies that underpin maternity and neonatal services - Remove	<ul style="list-style-type: none"> <li>Compliance with the Competency Framework, by staff grade, benchmarked against national requirements</li> </ul>	Data being collected																																		
					<ul style="list-style-type: none"> <li>Benchmarked <a href="#">General Medical Council (GMC) National Training Survey (NTS) results</a> with EKHUFT showing comparable outcomes to national trends (upwards trend in 'green' ratings)</li> </ul>	National benchmarked results for Obstetrics & Gynaecology:																																		
	<table border="1"> <thead> <tr> <th></th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Trainees; opportunities to develop</td> <td>65%</td> <td>↓ 62%</td> </tr> <tr> <td>Trainee risk of burnout</td> <td>20%</td> <td>↑ 25%</td> </tr> <tr> <td>Trainer risk of burnout</td> <td>14%</td> <td>↑ 15%</td> </tr> <tr> <td>High/Very high intensity workload</td> <td>62%</td> <td>↓ 61%</td> </tr> </tbody> </table>				2022	2023	Trainees; opportunities to develop	65%	↓ 62%	Trainee risk of burnout	20%	↑ 25%	Trainer risk of burnout	14%	↑ 15%	High/Very high intensity workload	62%	↓ 61%																						
	2022	2023																																						
Trainees; opportunities to develop	65%	↓ 62%																																						
Trainee risk of burnout	20%	↑ 25%																																						
Trainer risk of burnout	14%	↑ 15%																																						
High/Very high intensity workload	62%	↓ 61%																																						
❖ An effective 'Safe Staffing' model to meet local and regional service needs	March 2025	<p>Workforce (safe staffing) planning tools are used and monitored to ensure sufficient skill mix requirements are provided on each shift / clinic to enable teams to maximise the ability for high-quality patient-centred care</p> <p>Reduced absence and improved workplace satisfaction resulting from improved and safer working conditions enables people to have more positive experiences whilst caring for service users, and each other's wellbeing at work.</p> <p>Clarity around expectations and acceptance of personal duties, including the authority of clinical leaders, that are provided to the highest of standards - aligned to the respective scope of practice - by each member of the multidisciplinary team</p> <p>Staff feel valued at all stages of their career</p>	12. Embedded use of an activity/acuity-based workforce assessment and planning tool to identify daily and long-term establishment needs, such as <a href="#">Birthrate Plus (BR+)</a>	<b>ON TRACK</b> Birthrate Plus is the adopted and embedded tool within Maternity but extended functionality is being rolled-out for improved demand and capacity planning	<ul style="list-style-type: none"> <li>Improved trajectory for <a href="#">NHS Staff Survey</a>: <ul style="list-style-type: none"> <li>People Promise 4 – We are safe and healthy</li> <li>People Promise 6 – We work flexibly</li> <li>Morale</li> </ul> </li> </ul>	<p>NHS Staff Survey 2022 results:</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">2022</th> <th colspan="3">2023</th> </tr> <tr> <th>Ntl</th> <th>TRUST</th> <th>Mat</th> <th>Ntl</th> <th>TRUST</th> <th>Mat</th> </tr> </thead> <tbody> <tr> <td>PP4</td> <td>5.9</td> <td>5.7</td> <td>4.5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PP6</td> <td>6.0</td> <td>5.7</td> <td>4.6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Morale</td> <td>5.7</td> <td>5.5</td> <td>4.3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Pending results of 2023 NHS Staff Survey</p>		2022			2023			Ntl	TRUST	Mat	Ntl	TRUST	Mat	PP4	5.9	5.7	4.5				PP6	6.0	5.7	4.6				Morale	5.7	5.5	4.3			
				2022				2023																																
				Ntl	TRUST	Mat	Ntl	TRUST	Mat																															
			PP4	5.9	5.7	4.5																																		
			PP6	6.0	5.7	4.6																																		
Morale	5.7	5.5	4.3																																					
13. Implementation of a process for RCOG <a href="#">Certificate of Eligibility</a> for short-term locums providing middle-grade cover	<b>COMPLETE</b> Embedded process underpinned by local standard operating procedure 'Medical Agency and Internal Locum Booking Process for In and Out of Hours'	<ul style="list-style-type: none"> <li>Reduction in Premium Pay (PP) costs</li> </ul>	Data being collected																																					
14. Alignment to <a href="#">3-Year Single Delivery Plan for Maternity and Neonatal Services</a> Theme 2: Growing, retaining and supporting our workforce	<b>COMPLETE</b> Completed at MNIP Engagement / Coproduction event in June 2023	<ul style="list-style-type: none"> <li>Compliance with CNST SA4 &amp; 5</li> </ul>	Compliance declared at Trust Board in January 2024. Action Plan in place for SA4																																					
15. Rotas that reflect and provide the appropriate skill mix required for each shift, including e.g. anaesthetics, neonatal services, sonography	<b>ON TRACK</b> Aligned to CNST SA4 that was declared compliant in January 2024 at Trust Board and has a supporting agreed action plan	<ul style="list-style-type: none"> <li>Improved People &amp; Culture (HR) related rates: <ul style="list-style-type: none"> <li>11.5% Turnover Rate</li> <li>5% sickness absence</li> <li>10% Vacancy</li> <li>85% Appraisals</li> </ul> </li> <li>Rota fill rate / compliance</li> </ul>	Data being collected																																					

❖ Sustained levels of improved staff satisfaction	December 2024	People work effectively as a diverse team with varied but equally weighted skills and experience that drives an inclusive culture and sense of belonging that supports equal opportunities for personal and professional development	16. Access to a full suite of wellbeing support, which includes mental health services, and return to work meetings to support people coming back into the workplace following a period of absence	<b>COMPLETE</b> Trust-level wellbeing service embedded and available to the whole workforce	<ul style="list-style-type: none"> <li>Reduced sickness absence rate due to work-related mental wellbeing</li> <li>Improved <a href="#">Royal College of Midwifery (RCM) survey results</a></li> </ul>	• Data being collected																											
			17. 'Check in / Check out' opportunities at the beginning and end of each shift support safe spaces to have conversations about any personal worries or concerns	<b>NOT YET STARTED</b> This initiative links with idea from Maternity Patient Safety team to embed space for these conversations, as may also help quality of professional practice	<ul style="list-style-type: none"> <li>Improved trajectory of <a href="#">NHS Staff Survey</a> for <ul style="list-style-type: none"> <li>People Promise 6 – We work flexibly</li> <li>People Promise 7 – We are a team</li> </ul> </li> </ul>	NHS Staff Survey 2022 results:																											
			18. Promotion of, and equal opportunities for, flexible working	<b>COMPLETE</b> Many colleagues across the workforce have flexible working in place. Underpinned by Trust Flexible Working Policy and associated procedures	<ul style="list-style-type: none"> <li><a href="#">Friends and Family Test</a> results aligned to national average for Maternity and Neonatal services (<i>Also a measurable for output 17 of Workstream 4 however, this is patient FFT. Staff NHS FFT was replaced with NHS Quarterly Pulse surveys following the Covid-19 pandemic.</i>)</li> </ul>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">2022</th> <th colspan="3">2023</th> </tr> <tr> <th>Ntl</th> <th>TRUST</th> <th>Mat</th> <th>Ntl</th> <th>TRUST</th> <th>Mat</th> </tr> </thead> <tbody> <tr> <td>PP6</td> <td>6.0</td> <td>5.7</td> <td>4.6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PP7</td> <td>6.6</td> <td>6.4</td> <td>5.6</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2022			2023			Ntl	TRUST	Mat	Ntl	TRUST	Mat	PP6	6.0	5.7	4.6				PP7	6.6	6.4	5.6			
				2022				2023																									
Ntl	TRUST	Mat		Ntl	TRUST	Mat																											
PP6	6.0	5.7	4.6																														
PP7	6.6	6.4	5.6																														
19. Routine stay / exit interviews to understand the reasons that people remain in post / leave the EKHUFT Maternity Service to enable identification of the what could be improved or done more consistently well to retain the workforce	<b>ON TRACK</b> This is a new initiative that needs to be implemented consistently across the service	<ul style="list-style-type: none"> <li>11.5% Turnover rate</li> <li><a href="#">CQC Maternity Survey</a> results aligned to national average scores</li> </ul>	<ul style="list-style-type: none"> <li>Data being collected</li> <li>Refer to measures for outputs 3 &amp; 4 of Workstream 4</li> </ul>																														
❖ Improved provisions for student development	March 2024	<p>Undergraduate and postgraduate medical students are trained to deliver high-quality, safe patient care with good outcomes through joint working with partner medical schools and within the requirement of regulatory and educational frameworks</p> <p>All trainees including apprentices, student midwives, and medical students will be supported through their programme of education by EKHUFT Maternity and Neonatal services to learn local and regional policies and procedures (based on national guidance) for the delivery of good quality maternity and neonatal care</p> <p>Maternity and Neonatal clinical educators work to secure the future workforce, retain existing employees through, and maximise productivity through education and training to optimise capability and confidence at every level (<a href="#">NHS Educator Workforce Strategy</a>)</p>	20. Reintegration of student midwives into EKHUFT	<b>COMPLETE</b> Student midwives have returned to practice		Student midwives have returned to practice																											
			21. A multi-professional 'student plan' will form part of the overarching recruitment / workforce plan for Maternity and Neonatal Services, at local and regional levels	<b>ON TRACK</b> Student midwives are factored into workforce planning. This needs to expand to a wider Maternity and Neonatal plan to include obstetrics and neonatal services	<ul style="list-style-type: none"> <li>Progress against Student Plan</li> <li>Completion rates for student education modules</li> <li>Student Qualification rates</li> <li>'Student to employee' conversion rates</li> </ul>	<ul style="list-style-type: none"> <li>Data being collected</li> <li>Data being collected</li> <li>Data being collected</li> <li>Data being collected</li> </ul>																											
			22. Recruitment hubs will promote new opportunities across Maternity and Neonatal services, including international recruitment, and a suite of unique selling points (USPs) will set EKHUFT apart from, but remain complimentary to and considerate of, national peers, to establish the Trust as a preferred choice of employment	<b>ON TRACK</b> 13 x IEMs recruited into post and currently completing their preceptorship period. Work underway at regional level with future-proofing the midwifery workforce and incentives such as professional development opportunities to be promoted during recruitment activity e.g. offering NIPE courses, non-medical prescribing training, QIS qualifications etc.	<ul style="list-style-type: none"> <li>Defined set of Unique Selling Points (USPs)</li> <li>Improved trajectory of <a href="#">NHS Staff Survey</a> for <ul style="list-style-type: none"> <li>People Promise 5 – We are always learning</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Not yet developed</li> <li>Refer to measure for output 3, above</li> </ul>																											
			23. Students will spend the necessary time for their education programme in clinical practice with direct contact with service users. This could be at home, in the community, on midwifery-led units, in specialist clinics, and in other hospital-based settings supported by a team of qualified practice education facilitators	<b>ON TRACK</b> There is a dedicated Practice Education Facilitator to support student midwives, and consultant lead college tutors for junior doctors. There is ongoing monitoring to ensure all students receive the necessary contact time to support their qualification	<ul style="list-style-type: none"> <li>Benchmarked General Medical Council (GMC) National Training Survey (NTS) results with EKHUFT showing comparable outcomes to national trends (upwards trend in 'green' ratings)</li> <li>Compliance audits of job plans / rotas for members of the education faculty</li> </ul>	<ul style="list-style-type: none"> <li>Refer to measures for output 11, above</li> <li>Refer to measures for output 5, above</li> </ul>																											
			24. Learning resources, time and spaces will ensure compliance with regulatory and educational frameworks	<b>ON TRACK</b> Following a HEE Quality Intervention report in June 2023, the Trust's Medical Education department is overseeing delivery of the response plan. 7 requirements remain open and 4 of those are overdue (due Dec 2023)	<ul style="list-style-type: none"> <li>Compliance with requirements of Health Education England (HEE) Quality Interventions Review Report requirements – June 2023</li> </ul>	<ul style="list-style-type: none"> <li>Data being collected</li> </ul>																											
			25. Established Maternity and Neonatal Equality, Diversity and Inclusion (EDI) network	<b>ON TRACK</b> Trust-level forums identified with Maternity representation (EDEN, PPAG). There is also a LMNS EDI steering group that the Maternity Public Health Matron attends, as the service EDI Lead	<ul style="list-style-type: none"> <li>Membership and attendance at EKHUFT EDI network meetings</li> </ul>	<ul style="list-style-type: none"> <li>Data being collected</li> </ul>																											
❖ A workforce reflective of the service demographic	March 2025	<p>An understanding of local and regional cultural needs from the sharing and learning of cultural experiences from maternity and neonatal involvement at local, regional and national equality and diversity networks</p> <p>A support network for colleagues, including internationally educated midwives, from black, Asian and minority ethnic backgrounds to have a voice that speaks clearly to leadership, about their unique experiences within the healthcare system</p>	26. Representation of Maternity and Neonatal services at the Trust's <a href="#">Ethnic Diversity Engagement Network (EDEN)</a>	<b>OFF TRACK</b> The Chair of EDEN advised that representation from across the whole Trust had reduced dramatically. Need to be recirculate the details across the service	<ul style="list-style-type: none"> <li>Membership and attendance at EKHUFT EDEN meetings</li> </ul>	<ul style="list-style-type: none"> <li>Data being collected</li> </ul>																											
			27. Alignment to <a href="#">NHS People Plan</a> , recruitment and retention hubs supported by targeted and accessible recruitment campaigns with diverse recruitment panels	<b>NOT YET STARTED</b> Links to timing for / outputs from development of values-based recruitment	<ul style="list-style-type: none"> <li>Benchmarked Workforce Equality Data Standards <ul style="list-style-type: none"> <li>Workforce Race Equality Standards (WRES) data</li> <li>Workforce Disability Equality Standards (WDES) Data</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Alignment to EKHUFT WRES / WDES action plans. Data being collected</li> </ul>																											

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Maternity and Neonatal Improvement Programme (MNIP) – Progress Report:**

**Workstream 6 – Infrastructure and Digital**

Meeting date: **4 April 2024**

Board sponsor: **Chief Nursing and Midwifery Officer**

Paper Author: **Maternity Improvement and Transformation Programme Manager**

**Appendices:**

**Appendix 1: MNIP Workstream 6 Charter**

**Executive summary:**

<b>Action required:</b>	<b>Assurance</b>												
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 6 from the Maternity and Neonatal Improvement Programme.												
<b>Workstream Senior Responsible Officer (SRO):</b>	Chief Strategy & Partnerships Officer												
<b>Care Group Lead:</b>	Head of Operations												
<b>Progress and successes:</b>	<p>There are <b>four</b> high level milestones (recommendations) within Workstream 6 – Infrastructure and Digital, and one of these is due to complete in Year 1, two are to complete in Year 2, and one in Year 3.</p> <p>There are 11 deliverables (actions) across the four milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. One milestone (recommendation) is complete, with all others in progress and on track to complete in the agreed timeframe.</p> <p><b>Year 1 (2023/24)</b></p> <table border="1"> <thead> <tr> <th><b>Workstream 6 Milestones (Recommendations)</b></th> <th><b>Status</b></th> </tr> </thead> <tbody> <tr> <td><b>Sustained compliance with Planned Preventative Maintenance (PPM) schedule, and equipment management</b></td> <td><b>Complete</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Alignment to national Managing Medical Devices guidance</li> </ul> </td> <td>Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Effective processes and collaborative working to undertake routine equipment safety checks with agreed arrangements for service, repair and replacement</li> </ul> </td> <td>Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Escalation process for ‘failed’ medical devices</li> </ul> </td> <td>Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>‘Stop the clock’ assurance process of daily equipment safety checks</li> </ul> </td> <td>Complete</td> </tr> </tbody> </table>	<b>Workstream 6 Milestones (Recommendations)</b>	<b>Status</b>	<b>Sustained compliance with Planned Preventative Maintenance (PPM) schedule, and equipment management</b>	<b>Complete</b>	<ul style="list-style-type: none"> <li>Alignment to national Managing Medical Devices guidance</li> </ul>	Complete	<ul style="list-style-type: none"> <li>Effective processes and collaborative working to undertake routine equipment safety checks with agreed arrangements for service, repair and replacement</li> </ul>	Complete	<ul style="list-style-type: none"> <li>Escalation process for ‘failed’ medical devices</li> </ul>	Complete	<ul style="list-style-type: none"> <li>‘Stop the clock’ assurance process of daily equipment safety checks</li> </ul>	Complete
<b>Workstream 6 Milestones (Recommendations)</b>	<b>Status</b>												
<b>Sustained compliance with Planned Preventative Maintenance (PPM) schedule, and equipment management</b>	<b>Complete</b>												
<ul style="list-style-type: none"> <li>Alignment to national Managing Medical Devices guidance</li> </ul>	Complete												
<ul style="list-style-type: none"> <li>Effective processes and collaborative working to undertake routine equipment safety checks with agreed arrangements for service, repair and replacement</li> </ul>	Complete												
<ul style="list-style-type: none"> <li>Escalation process for ‘failed’ medical devices</li> </ul>	Complete												
<ul style="list-style-type: none"> <li>‘Stop the clock’ assurance process of daily equipment safety checks</li> </ul>	Complete												

**Year 2 (2024/25)**

<b>Workstream 6 Milestones (Recommendations)</b>	<b>Status</b>
<b>Implementation of Maternity and Neonatal Digital Strategy</b>	<b>On track</b>
<b>Implementation of regional Maternity and Neonatal Information System</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>Coproduction with internal and external stakeholders will ensure that objectives within the Digital Strategy are realistic and achievable and consider the needs of people using digital systems for accessing, recording, assessing, monitoring and managing information</li> </ul>	On track
<ul style="list-style-type: none"> <li>Engagement with the WGLL Hub and Integrated Care System (ICS) for support regarding digital health information and good practice examples of technology-enabled healthcare, standards, guides and policies, useful tools and templates and networking information</li> </ul>	On track
<ul style="list-style-type: none"> <li>The multi-professional workforce is able to access electronic patient records at the point of care throughout each stage of the maternity and neonatal journey to improve timeliness and effectiveness of clinical assessment, decision-making, and management</li> </ul>	Off track
<ul style="list-style-type: none"> <li>Service users are able to access their digital records, patient information leaflets and Personalised Care and Support Plans (PCSPs) through the Patient Portal</li> </ul>	On track

**Year 3 (2025/26)**

<b>Workstream 6 Milestones (Recommendations)</b>	<b>Status</b>
<b>Improved provisions for student development</b>	<b>On track</b>
<ul style="list-style-type: none"> <li>Coproduction with service users to understand preferences for room design to enable choice and control over their labour and birth</li> </ul>	On track
<ul style="list-style-type: none"> <li>Collaboration with key interfaces to ensure appropriate facilities are available for intervention when complications occur</li> </ul>	On track
<ul style="list-style-type: none"> <li>Provision of dedicated training spaces</li> </ul>	On track

Additional successes of Year 1 so far have been:

- Re-opening of MLU at WHH
- Relocation of Triage midwives at QEQM
- Remedial works across QEQM/WHH, and starting at KCH
- Installation of digital Patient Information boards (QEQM/WHH)
- Development of PTL boards (Screening / Triage)
- Digital flag / list of pregnant women across the hospital sites

**Risks and issues:**

There is a risk that the Maternity Estates Business Case – Phase 1 – will be delayed / postponed for a second time, which would impact on the addition of a second obstetric theatre at QEQM.

Another risk is the expiry of the contract for the existing Euroking (E3) maternity information system in 2025 without an alternative product having been procured. This is being re-reviewed at regional level for the procurement of a regional Maternity Information System (MIS).

It should also be recognised that the benefit of achieving some of the milestones within this workstream will be realised over a period of time so the Trust will need to allow time for new ways of working to have an impact on e.g. themes and trends, and survey results.

<b>Escalations:</b>	<p>There is an urgent need for a second obstetric theatre at QEQM. MNAG is asked to support this requirement and escalate for agreement of funding and commencement of works.</p> <p>MNAG is asked to acknowledge the risks associated with the current provider of Euroking (Magentus) and the national alert relating to the system. Not only is the contract due to expire in 2025 but customer service is extremely poor with development requests taking months, and sometimes years, to complete and there is a high rotation of client account managers so no consistency in service provision or responsiveness to EKHUFT requests.</p>
<b>Key recommendations:</b>	<p>The Board of Directors is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, and Quality and Safety Committee.</p>

**Implications:**

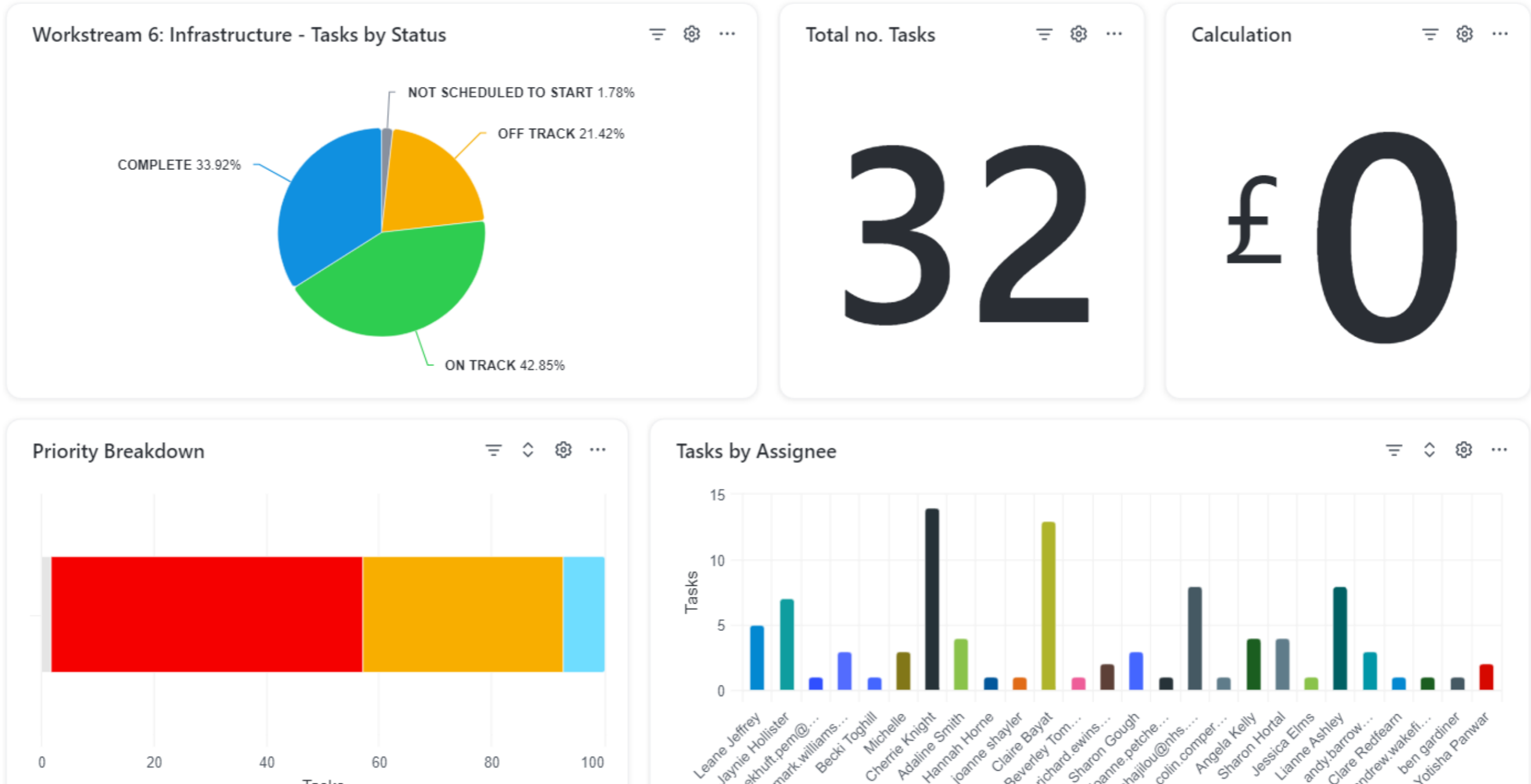
<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR118 – Organisational culture.
<b>Resource:</b>	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

**Assurance route:**

Previously considered by: NHS England Maternity Improvement Advisor, Director of Midwifery

**MNIP Workstream 6 – Infrastructure - Dashboard**

The MNIP deliverables are managed through productivity software called ClickUp. Within the four milestones and 11 deliverables of Workstream 6 are tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1, Year 2 and Year 3 MNIP priorities and how they have been allocated across the workforce.



**Priority key code**  
■ MNIP Yr. 1    ■ MNIP Yr. 2    ■ MNIP Yr. 3

## Maternity and Neonatal Improvement Programme

### Workstream 6: Infrastructure and Digital

**Objective:** To establish an environment with enhanced digital systems to ensure the workforce and service users have access to the information and facilities they need, when they need it

**Executive Senior Responsible Officer (SRO):** Director of Strategic Development and Partnerships

**Associated Document:** Reading the Signals, October 2022 – Dr Bill Kirkup CBE

High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure																																										
<ul style="list-style-type: none"> <li>Implementation of Maternity and Neonatal Digital Strategy</li> <li>Implementation of regional Maternity and Neonatal Information System</li> </ul>	March 2025	Digital ways of working and innovation through technology are used to improve access to healthcare and information, quality of services and safer service provision, and effective integration between services and the wider healthcare system  Frontline electronic patient record management system(s) enable secure and timely access to relevant clinical information at the point of care by the appropriate person to support clinical decision-making and clinical management for the best clinical outcome(s)	1. Coproduction with internal and external stakeholders will ensure that objectives within the Digital Strategy are realistic and achievable and consider the needs of people using digital systems for accessing, recording, assessing, monitoring and managing information	<b>ON TRACK</b> Digital Strategy presented and approved at Trust Board in October 2022, shared with LMNS in Jan 2023. Review to be undertaken with stakeholders to assess achievement of original objectives	<ul style="list-style-type: none"> <li>Periodic (six-monthly) completion and review of digital maturity assessment</li> </ul>	<ul style="list-style-type: none"> <li>Not yet started</li> </ul>																																										
			2. Engagement with the <a href="#">WGLL Hub</a> and Integrated Care System (ICS) for support regarding digital health information and good practice examples of technology-enabled healthcare, standards, guides and policies, useful tools and templates and networking information	<b>ON TRACK</b> Various points of contact in the Trust have connected with the WGLL Hub but this needs to be streamlined through the Digital Midwife	<ul style="list-style-type: none"> <li>Pending standards through WGLL page</li> </ul>	<ul style="list-style-type: none"> <li>Pending standards</li> </ul>																																										
			3. The multi-professional workforce is able to access electronic patient records at the point of care throughout each stage of the maternity and neonatal journey to improve timeliness and effectiveness of clinical assessment, decision-making, and management	<b>OFF TRACK</b> Connectivity in some remote community sites restricts point of care access to patient records hence the Trust's IT department has led investigations into causes and will imminently be testing a potential solution of supplying EKHUFT circuits on externally owned premises	<ul style="list-style-type: none"> <li>Progress against the MNIP Infrastructure Project Plan and specific digital requirements (e.g. connectivity in the Community, Euroking Developments)</li> <li>End-to-end electronic patient record system across maternity and neonatal services</li> </ul>	<ul style="list-style-type: none"> <li>Shared in Workstream 6 MNIP Dashboard</li> <li>Pending regional procurement bid</li> </ul>																																										
			4. Service users are able to access their digital records, patient information leaflets and Personalised Care and Support Plans (PCSPs) through the Patient Portal	<b>ON TRACK</b> This will be managed through the Patient Portal, which relies on the implementation of PAS (Patient Appointment System). Work is underway to pilot moving all manual diary booking systems into PAS with the Thanet community team	<ul style="list-style-type: none"> <li>Patient Portal registration vs pregnancy rates</li> </ul>	<ul style="list-style-type: none"> <li>Pending implementation of Patient Portal</li> </ul>																																										
<ul style="list-style-type: none"> <li>Compliance with <a href="#">Health Buildings Note (HBN) 09-02: Maternity care facilities – aligned to Trust-level Estates Plans</a></li> </ul>	March 2026	Alignment to best practice guidance on the design and planning of adaptation/extension of existing facilities across all maternity settings to provide safe care of service users in a comfortable, relaxing environment that facilitates what is a normal physiological process, enabling self-management in privacy whenever possible, and enhances the family's enjoyment of an important life event	5. Coproduction with service users to understand preferences for room design to enable choice and control over their labour and birth	<b>ON TRACK</b> Service user input to MLU at WHH, and relocation of Twinkling Stars. MNVP feedback factored into Estates Business Plan Phase 1. Engagement will continue as building works progress throughout duration of 3yr MNIP workplan	<ul style="list-style-type: none"> <li>Relocation of Bereavement Suite (WHH)</li> <li>30% Reduction in the number of complaints relating to Estates and Facilities</li> </ul>	<ul style="list-style-type: none"> <li>Works pending start date</li> <li>Data being collected</li> </ul>																																										
			6. Collaboration with key interfaces to ensure appropriate facilities are available for intervention when complications occur	<b>ON TRACK</b> A process of escalation up to Executives is in place for prioritisation of essential works e.g. Estates, IPC, EME/MEL	<ul style="list-style-type: none"> <li>Compliance with 'key recommendations' within <a href="#">HBN 09-02 guidance</a></li> <li>Downgrading of Estates risk (CR144) on Corporate Risk Register</li> </ul>	<ul style="list-style-type: none"> <li>Pending Estates Business Plan – Phase 2 (expansion works)</li> <li>15 Jan 2024 – Risk <b>reduced</b> from Moderate (12) to Moderate (9)</li> </ul>																																										
			7. Provision of dedicated training spaces	<b>ON TRACK</b> There are dedicated training rooms on each MLU at QEQM and WHH. Further facilities are planned in Estates Business Plan – Phase 1, which was postponed at Executive level following financial prioritisation of works across the organisation for 2023/24. These are now due to commence in 2024/25	<ul style="list-style-type: none"> <li>Compliance with <a href="#">Health Education England (HEE) Quality Framework</a> relating to learning environment</li> </ul>	<b>7/18 requirements pending (4 overdue):</b> <ul style="list-style-type: none"> <li>Gynae documentation</li> <li>Clinical supervisor training and accreditation</li> <li>SHO Postnatal Ward lone working / hours</li> <li>Ultrasound training</li> <li>Anaesthetist availability for Labour Ward</li> <li>On-site simulation training space QEQM</li> <li>On-site PROMPT training</li> </ul>																																										
<ul style="list-style-type: none"> <li>Sustained compliance with Planned Preventative Maintenance (PPM) schedule, and equipment management</li> </ul>	December 2023	Embedded systematic approach to the acquisition, deployment, maintenance (preventive maintenance and performance assurance), repair and disposal of medical devices to ensure delivery of safe, efficient, high-quality services	8. Alignment to <a href="#">national Managing Medical Devices guidance</a>	<b>COMPLETE</b> Adherence is owned by 2SS contracted services for EME/MEL (Equipment and medical devices); Maternity is aligned to these requirements through joint working with Site Lead Managers and oversight from Head of EME	<ul style="list-style-type: none"> <li>90% compliance with Planned Preventative Maintenance (PPM) schedule</li> </ul>	<table border="1"> <thead> <tr> <th colspan="3">QEQM – 390 Devices</th> </tr> <tr> <th>Level of Risk</th> <th>No. Devices</th> <th>PPM Compliance</th> </tr> </thead> <tbody> <tr> <td>V.High Risk</td> <td>32</td> <td>96.9%</td> </tr> <tr> <td>High Risk</td> <td>68</td> <td>90.0%</td> </tr> <tr> <td>Med Risk</td> <td>81</td> <td>100.0%</td> </tr> <tr> <td>Low Risk</td> <td>209</td> <td>93.78%</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>390</b></td> <td><b>94.87%</b></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">WHH – 576 Devices</th> </tr> <tr> <th>Level of Risk</th> <th>No. Devices</th> <th>PPM Compliance</th> </tr> </thead> <tbody> <tr> <td>V.High Risk</td> <td>32</td> <td>96.9%</td> </tr> <tr> <td>High Risk</td> <td>68</td> <td>90.0%</td> </tr> <tr> <td>Med Risk</td> <td>81</td> <td>100.0%</td> </tr> <tr> <td>Low Risk</td> <td>209</td> <td>93.78%</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>576</b></td> <td><b>94.87%</b></td> </tr> </tbody> </table>	QEQM – 390 Devices			Level of Risk	No. Devices	PPM Compliance	V.High Risk	32	96.9%	High Risk	68	90.0%	Med Risk	81	100.0%	Low Risk	209	93.78%	<b>TOTAL</b>	<b>390</b>	<b>94.87%</b>	WHH – 576 Devices			Level of Risk	No. Devices	PPM Compliance	V.High Risk	32	96.9%	High Risk	68	90.0%	Med Risk	81	100.0%	Low Risk	209	93.78%	<b>TOTAL</b>	<b>576</b>	<b>94.87%</b>
QEQM – 390 Devices																																																
Level of Risk	No. Devices	PPM Compliance																																														
V.High Risk	32	96.9%																																														
High Risk	68	90.0%																																														
Med Risk	81	100.0%																																														
Low Risk	209	93.78%																																														
<b>TOTAL</b>	<b>390</b>	<b>94.87%</b>																																														
WHH – 576 Devices																																																
Level of Risk	No. Devices	PPM Compliance																																														
V.High Risk	32	96.9%																																														
High Risk	68	90.0%																																														
Med Risk	81	100.0%																																														
Low Risk	209	93.78%																																														
<b>TOTAL</b>	<b>576</b>	<b>94.87%</b>																																														



V.High Risk	33	100.0%
High Risk	81	96.0%
Med Risk	185	94.59%
Low Risk	277	99.63%
<b>TOTAL</b>	<b>97.57%</b>	

**QEQM Community – 125 Devices**

Level of Risk	No. Devices	PPM Compliance
High Risk	3	66.67%
Med Risk	52	67.39%
Low Risk	70	55.71%
<b>TOTAL</b>	<b>60.8%</b>	

**WHH Community – 118 Devices**

Level of Risk	No. Devices	PPM Compliance
Med Risk	69	92.75%
Low Risk	45	85.72%
<b>TOTAL</b>	<b>89.83%</b>	

<b>WHH Compliance (Q3):</b>	
Metric	TOTAL
Target	100.0%
Daily Equipment Safety Checks Folkestone ward	99.9%
Target	100.0%
Daily Equipment Safety Checks Labour ward	99.5%
Target	100.0%
Daily Equipment Safety Checks Triage	100.0%
Target	100.0%
Daily Equipment Safety Checks MLU	100.0%
Target	100.0%
Daily Resuscitaire safety checks Folkestone ward	97.9%
Target	100.0%
Daily neonatal Resuscitaire safety checks Labour ward	100.0%
Target	100.0%
Daily Resuscitaire safety checks MLU	100.0%

<b>QEQM Compliance (Q3):</b>	
Metric	TOTAL
Target	100%
Daily Equipment Safety Checks Kingsgate ward	100%
Target	100%
Daily Equipment Safety Checks Labour ward	100%
Target	100%
Daily Equipment Safety Checks Triage	100%
Target	100%
Daily Equipment Safety Checks MLU	100%
Target	100%
Daily Resuscitaire safety checks Kingsgate ward	100%
Target	100%
Daily neonatal Resuscitaire safety checks Labour ward	100%
Target	100%
Daily Adult Resus Trolley safety checks Triage	100%
Target	100%
Daily Resuscitaire safety checks MLU	100%

<b>Community Compliance (Q3):</b>	
Community Maternity Service	TOTAL
Target	100%
Weekly Equipment Safety Checks (Day bags and Homebirth bags)	99.3%
Target	100%
Weekly Entonox / Emergency Equipment Safety Checks	100.0%
Target	100%
GPL Equipment Spot Checks (2 x per week)	92.1%

9. Effective processes and collaborative working to undertake routine equipment safety checks with agreed arrangements for service, repair and replacement

**COMPLETE**  
Appointment of B2 Equipment (Housekeeping) Clerks at each site include responsibility to undertake routine reconciliations and support the servicing of medical devices in liaison with EME site. Compliance regularly exceeds 90% (vs 80% target)

10. Escalation process for 'failed' medical devices

**COMPLETE**  
This process is detailed in the 'Equipment FAQ Sheet that has been circulated across the service on a number of occasions and remains available for sharing as required

• 100% compliance Daily Equipment Safety Checks (all settings)

11. 'Stop the clock' assurance process of daily equipment safety checks

**COMPLETE**  
Daily safety checks regularly meet or exceed compliance requirements

### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Community Midwifery Kent County Council Consultation

**Meeting date:** 4 April 2024

**Board sponsor:** Chief Nursing & Midwifery Officer and Executive Board maternity and Neonatal Safety Champion

**Paper Author:** Head of Operations Women's Health Services

#### Appendices:

None

#### Executive summary:

Action required:	Discussion
<b>Purpose of the Report:</b>	The purpose of this report is to provide an update on the Kent County Council (KCC) consultation outcome and the potential impact on delivery of Community midwifery antenatal care.
<b>Summary of key issues:</b>	<p>Kent County Council proposed changes to the way their buildings are used in delivering community services. These services are Children's Centres and Youth Hubs, Public Health Services for Children and Families, Community Services for Adults with Learning Disabilities, Community Learning and Skills (Adult Education), and Gateways.</p> <p>The consultation outcome will mean for EKHUFT community midwifery services are integrated into a family hub model with youth hubs, children's centres and health visiting services and other key community services.</p> <p>Some of the community midwifery activity is already running from buildings that have been identified as family hubs, all having limitations on clinic room space. There is a risk due to the volume of activity for all services to be combined within the newly formed family hub buildings there will not be enough space impacting on our women and birthing people potentially not having close to home antenatal care</p> <p>Not only with the integration of services into family hub risks, there are also seven of the children centres community midwifery currently operate from will be closing as a result of the consultation:</p> <ul style="list-style-type: none"> <li>• Riverside, Canterbury</li> <li>• Joy Lane, Whitstable</li> <li>• St Mary's, Faversham</li> </ul>



	<ul style="list-style-type: none"> <li>• Lyddle stars, Romney Marsh</li> <li>• Hawkinge, Folkestone</li> <li>• Callis Grange, Broadstairs</li> <li>• Priory, Ramsgate</li> </ul> <p>Women and birthing people from Faversham area will be most affected when St Mary's closes. There is no family hub identified for this area within the consultation and we have already made enquires for space at Faversham Health centre and Newton Place GP practice, all of whom do not have any space. There are no other NHS premises within this area that can support five days per week clinics.</p> <p>If Community midwifery have to vacate from Faversham, it will mean women and birthing people having to travel 14 miles to Ashford (approx. 1-hour journey by public transport) or 10 miles (35min journey by public transport) to Canterbury as the nearest area. On average there are is 93 contacts per month.</p> <p>There is a potential for the other clinics undertaken in the remaining six buildings due to close to be absorbed into other identified family hub building within the locality. However, enquiries have yet to me made if there is clinic room space, the location of the identified hubs will need to be mapped as there is a potential of further distance to travel for some women and birthing people especially in areas of deprivation.</p> <p>It is anticipated changes will start to be made from early 2024. The full implementation period is expected to be up to two years. Transition to the Family Hub initiative will take place earlier and will be driven and supported by the Department for Education. To date EKHUFT community midwifery have not had any contact from KCC as to when the seven centres will be closing.</p>
<p><b>Key recommendations:</b></p>	<p>To support the full review of community midwifery premises rental and activity across East Kent to ensure women and birthing people are not impacted by the result of the KCC consultation, but to also ensure EKHUFT community midwifery provide sufficient level of antenatal clinics for the locality. The review will also incorporate community midwifery office space.</p>

### Implications:

<p><b>Links to Strategic Theme:</b></p>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<p><b>Link to the Trust Risk Register:</b></p>	<p><b>CRR 77:</b> Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services.</p>



<b>Resource:</b>	N
<b>Legal and regulatory:</b>	Y Clinical Negligence Scheme for Trusts (CNST), NHS Long Term Plan-standard contract.
<b>Subsidiary:</b>	N

**Assurance route:**

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)



## Community Midwifery Kent County Council (KCC) Consultation

---

### 1. Purpose of the report

- 1.1 The purpose of this report is to provide an update on the Kent County Council consultation outcome and the potential impact on delivery of Community midwifery antenatal care.

### 2. Background

- 2.1 Kent County Council proposed changes to the way their buildings are used in delivering community services. These services are Children's Centres and Youth Hubs, Public Health Services for Children and Families, Community Services for Adults with Learning Disabilities, Community Learning and Skills (Adult Education), and Gateways.
- 2.2 Proposed changes have been designed by Kent County Council considering where there is greatest need for services. They include:
- Having fewer permanent buildings, meaning that some of our buildings would close - wanting to keep buildings in areas where they are needed the most.
  - Co-locating more of our services, meaning more than one service would be available from some of the buildings visited.
  - Continuing to deliver some services by outreach, which means they do not take place in a dedicated or permanent space but move around to when and where they are needed.
  - Ensuring residents can continue to access services and information online.
- 2.3 In designing the proposal KCC focused on identifying the areas with the highest need for services.
- 2.4 The focused was on the 12 localities with Kent:
- Ashford
  - Canterbury
  - Dartford
  - Dover
  - Folkestone and Hythe
  - Gravesham
  - Maidstone
  - Sevenoaks
  - Swale
  - Thanet
  - Tonbridge and Malling
  - Tunbridge Wells
- 2.5 Earlier this year, KCC launched a consultation to understand the views of residents and stakeholders. This consultation concluded November 23 with the conclusion released December 23.

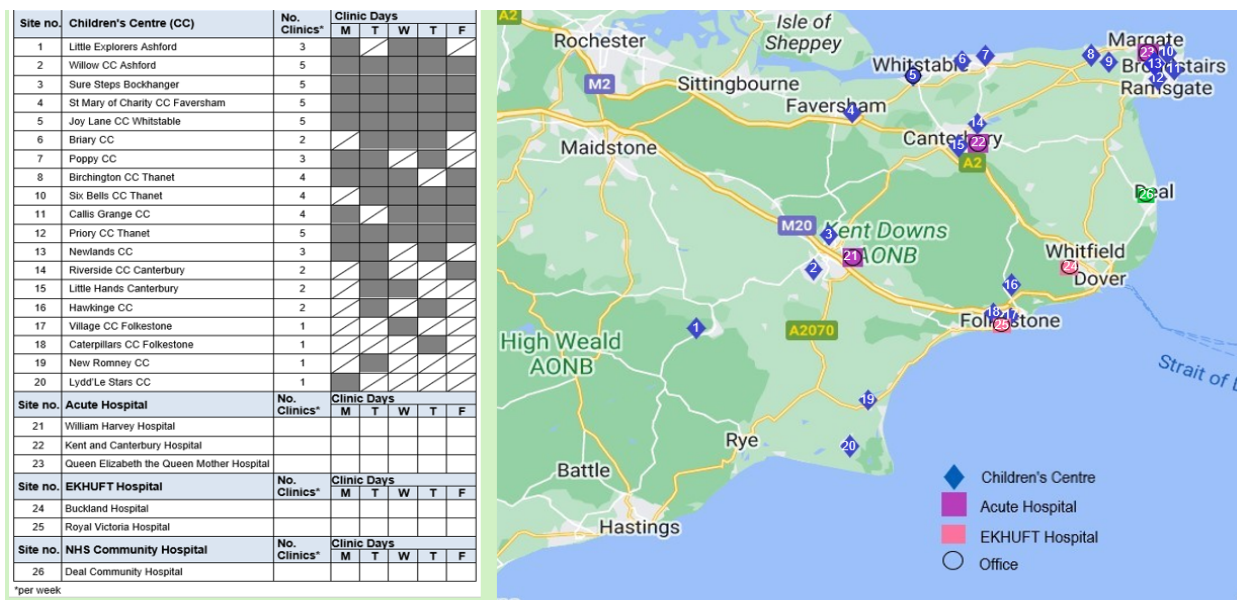


**3. Consultation result:**

- 3.1 KCC will be closing 43 buildings across Kent, keeping two additional buildings that were originally proposed to close in the consultation document. This option took into consideration consultation feedback around the accessibility to services using public transport and the regularity of service and travel times to alternative locations.
- 3.2 The decision includes the co-location of some of KCC services together within single buildings.
- 3.3 It is anticipated changes will start to be made from early 2024. The full implementation period is expected to be up to two years. Transition to the Family Hub initiative will take place earlier and will be driven and supported by the Department for Education.

**4. Impacts on Community Midwifery:**

- 4.1 The consultation outcome will mean for EKHUFT community midwifery services are integrated into a family hub model with youth hubs, children’s centres and health visiting services and other key community services.
- 4.2 Some of the community midwifery activity is already running from buildings that have been identified as family hubs, all having limitations on clinic room space. There is a risk due to the volume of activity for all services to be combined within the newly formed family hub buildings there will not be enough space impacting on our women and birthing people potentially not having close to home antenatal care.
- 4.3 Community midwifery antenatal clinics are delivered through 33 buildings across East Kent of which 20 are KCC Children centres.



- 4.4 Not only with the integration of services into family hub risks, there are also seven of the children centres community midwifery currently operate from will be closing as a result of the consultation:
- Riverside, Canterbury
  - Joy Lane, Whitstable
  - St Mary's, Faversham
  - Lyddle stars, Romney Marsh
  - Hawkinge, Folkestone
  - Callis Grange, Broadstairs
  - Priory, Ramsgate
- 4.5 To date EKHUFT community midwifery have not had any contact from KCC as to when the seven centres will be closing.
- 4.6 Women and birthing people from Faversham area will be most affected when St Mary's closes. There is no family hub identified for this area within the consultation and we have already made enquires for space at Faversham Health centre and Newton Place GP practice, all of whom do not have any space. There are no other NHS premises within this area that can support five days per week clinics.
- 4.7 If Community midwifery have to vacate from Faversham, it will women and birthing people having to travel 14 miles to Ashford (approx. 1-hour journey by public transport) or 10 miles (35min journey by public transport) to Canterbury as the nearest area. On average there are is 93 contacts per month.
- 4.8 There is a potential for the other clinics undertaken in the remaining six building due to close to be absorbed into other identified family hub building within the locality. However, enquiries have yet to me made if there is clinic room space, the location of the identified hubs will need to be mapped as there is a potential of further distance to travel for some women and birthing people especially in areas of deprivation.

## **5. Local Maternity and Neonatal System Support**

- 5.1 The Local Maternity and Neonatal Network (LMNS) have increased the risk register item held for community estates in the LMNS and it was been flagged at LMNS exec board. The Integrated Care Board (ICB) Director of Corporate Governance has contacted KCC to discuss the outcome and to raise the issue and risk around women and birthing people across the LMNS. It is anticipated a meeting will be set up as part of the Family Hubs/Start for Life programme to ensure maternity are understood and likely that they will need to make some estate offers.

## **6. Next Steps**

- 6.1 A working group lead by the Head of Operations and Community Matrons to be established to work through the level of detail of alternative locations and associated risks of the closure of some of the KCC buildings.



- 6.2 Currently the Trust is paying approx. £215k per year on rental. A full capacity and demand review of community activity and current rental of buildings will also be undertaken as part of 2024/25 Cost Improvement Programme (CIP) schemes.
- 6.3 Outputs and escalation of risks from the working group will go through the Care Group governance meetings and to MNAG. Outputs will also feed into the wider LMNS meeting lead by the Senior Programme Manager.
- 7. Recommendation:**
- 7.1 To support the full review of community midwifery premises rental and activity across East Kent to ensure women and birthing people are not impacted by the result of the KCC consultation, but to also ensure EKHUFT community midwifery provide sufficient level of antenatal clinics for the locality. The review will also incorporate community midwifery office space.
- 8. Conclusion**
- 8.1 There is significant uncertainty and risk to delivery safe and sustainable community midwifery services for women and birthing people due to the closure of seven child centres with the introduction of KCC family hubs.
- 8.2 There maybe a financial risk to the Trust if further rental is required (non KCC or NHS premises) to ensure adequate activity is delivered across the locality.





**REPORT TO BOARD OF DIRECTORS (BoD)**

**Report title:** Implementation of the estate and minor work elements of the Care Quality Commission (CQC) Must and Should do recommendations

**Meeting date:** 4 April 2024

**Board sponsor:** Chief Nursing & Midwifery Officer and Executive Board maternity and Neonatal Safety Champion

**Paper Author:** Head of Operations Women's Health Services

**Appendices:**

None

**Executive summary:**

Action required:	Information
<p><b>Purpose of the Report:</b></p>	<p>This paper has been prepared to provide an update on the progress of estates and minor works across Maternity Services relating to the Must and Should do requirements highlighted in the publication of the CQC reports for Maternity services at Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH) on 26 May 2023.</p>
<p><b>Summary of key issues:</b></p>	<p>There is a total of 20 x <i>Must Do</i> and 18 <i>Should do</i> requirements of which three overlap across both QEQM and WHH sites.</p> <p>There are five <i>Must Do's</i> and two <i>Should do</i> requirements relating to minor works / estates.</p> <p>A systematic approach has already been implemented since the initial inspection and is embedded to ensure there is daily oversight to maintaining a safe environment across the maternity units at WHH and QEQM. This has supported escalation of issues highlighted through the weekly Stop the clock meetings. This has been part of the section 31 requirements and will continue in addressing the must and should do's within the CQC reports.</p> <p>A number of improvements have been made across the maternity units with minor works including the reopening of Singleton Unit at WHH. This has led to a CQC <i>Should Do</i> requirement being closed. However, there is still works due to be completed that will support the achievement of compliance against the environmental audits and provide the improvements to estates and facilities to support the needs for women and birthing people.</p> <p>Cleanliness of the wards (high- and low-level dust) is still a constant concern and is raised daily to 2gether Support Solutions (2gether). This again impacts on the environmental audit scores.</p>



	<p>Larger estates works are progressing however until the completion of the new medication room, 2<sup>nd</sup> obstetric theatre, bereavement suite and WHH triage (waiting area) the Trust cannot declare compliance against Regulation 15: The trust must ensure the environment and facilities are improved to meet the needs of women and babies. (Regulation 15(1)(c)).</p> <p>There is a risk East Kent Charity may only be able to support elements of estates funding bid of enhancing the patients experience and not regulatory requirements.</p>
<b>Key recommendations:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of this report and refer to the CQC final reports for both WHH &amp; QEQM.</li> <li>• Support the escalation of the remaining estates works.</li> </ul>

**Implications:**

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	<p><b>CRR 77:</b> Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services .</p> <p><b>CRR 122:</b> There is a risk that midwifery staffing levels are inadequate.</p>
<b>Resource:</b>	N
<b>Legal and regulatory:</b>	Y - Clinical Negligence Scheme for Trusts (CNST), NHS Long Term Plan-standard contract.
<b>Subsidiary:</b>	N

**Assurance route:**

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)



## CQC Action plan update

---

### 1. Purpose of the report

- 1.1 To provide an update on the progress of estates and minor works across Maternity Services relating to the Must and Should do requirements highlighted in the publication of the CQC reports for Maternity services at Queen Elizabeth and Queen Mother Hospital and William Harvey Hospital on 26 May 2023.

### 2. Background

- 2.1 The Trust received the final CQC inspection reports for both Queen Elizabeth Queen Mother (QEQM) and William Harvey (WHH) Hospitals on 26 May 2023 following the unannounced visit on 10<sup>th</sup> and 11<sup>th</sup> January 2023.

- 2.2 There is a total of 20 x Must Do's and 18 Should Do's requirements of which three overlap across both QEQM and WHH sites.

- 2.3 The following Must do and Should do regulations have elements within the action plan relating to estates and minor works requirements:

#### 2.3.1 Must Do:

- The service must improve medicines management across all its maternity services. This is to ensure prescription stationery are monitored and accounted for, medicines are stored securely, women have their medicines in a timely way, staff have prompt access to medicines (including medical gases when required), staff have adequate space to safely manage medicines and expired medicines are removed from stock. (Regulation 12(2)(g)).
- The trust must ensure the environment and facilities are improved to meet the needs of women and babies. (Regulation 15(1)(c)).
- The service must ensure care and treatment is provided in a safe way in relation to resuscitaires in the labour suites. The service must do everything that is reasonably possible to mitigate this risk. (Regulation 12(2)(b)).
- The service must ensure continued compliance with fire safety in the maternity unit. (Regulation 15).
- The trust must ensure infection control processes and policies are followed to reduce the spread of cross infection. (Regulation 12(2)(h))

#### 2.3.2 Should Do:

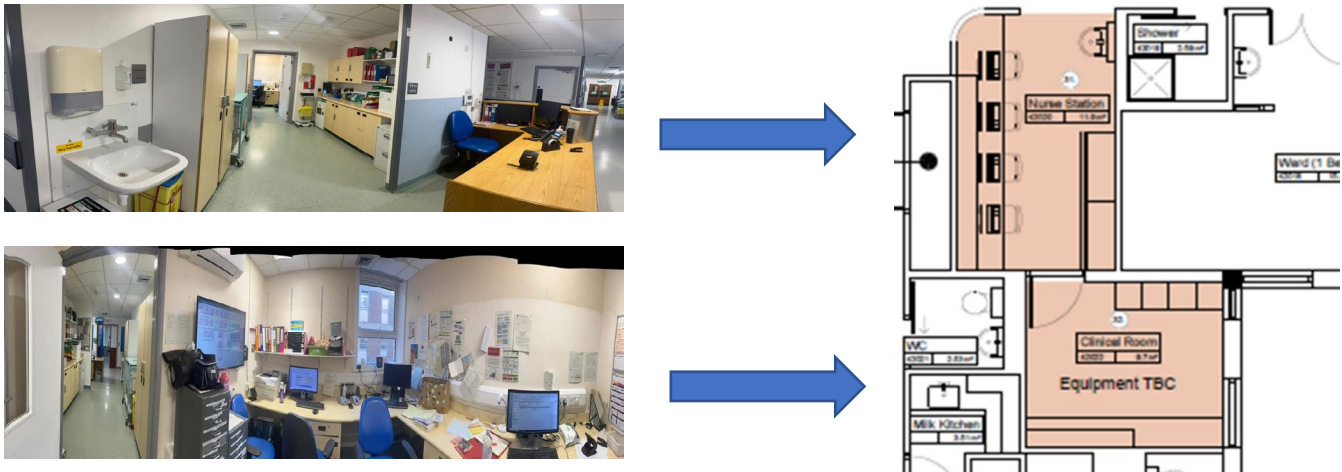
- The service should ensure they have considered the baby abduction risk and explored ways to improve security in the department. (Regulation 12).
- The service should ensure that women have a choice of place of birth



### 3. Progress update of Estates and Minor works against each regulation:

#### 3.1 Regulation 12(2)(g) Improve medicines management across all its maternity services:

3.1.1 Estate plans for a dedicated treatment area for the midwives to safely prepare medication within Folkestone Ward has been completed. The below plans converts the current midwifery office to the medication room and the current medication area to be the midwifery and reception area.



3.1.2 A tendering process has been completed with a contractor awarded with the costs of £32,261.11 quoted. Works have commenced 26 February 2024 and is expected to take approximately four weeks.

#### 3.2 Regulation 15(1)(c) must ensure the environment and facilities are improved to meet the needs of women and babies:

3.2.1 The following business cases have been approved by the Trust are in the capital plan:

- Maternity Estates Review – £1.6m (2025/26)
- Additional Obstetrics Theatre at QEQM – £1.2m (25/26), £500k (26/27) and £450k (27/28)
- Targeted Special Care Baby Unit (SCBU) refurbishments - £1.6m (25/26)

3.2.2 Maternity Capital improvements have been prioritised to the following in line with the CQC Must do requirements:

- Obstetrics Theatres Capacity and targeted maternity estates at QEQM
- Targeted delivery suite refurbishments at WHH
- Targeted SCBU refurbishments at QEQM

3.2.3 The Trust has also been asked to work up a single business case up to £25m that is related to maternity and to specifically address issues raised by the CQC and Reading the signals report. There have been campaigns from Local MP's to support the investment. A business case has been developed and submitted to NHS England (NHSE).



### 3.2.4 2<sup>nd</sup> obstetric theatre at QEQM:

3.2.4.1 The new proposed designs below are for two new obstetric theatres and consultant led delivery suite by extending out the back of the current labour ward.



3.2.4.2 This will enable Obstetrics no longer using main theatres when a second emergency case occurs and could potentially enable the obstetric theatre for other women's health surgery, freeing up main theatre which could be used for elective recovery but would require more staff

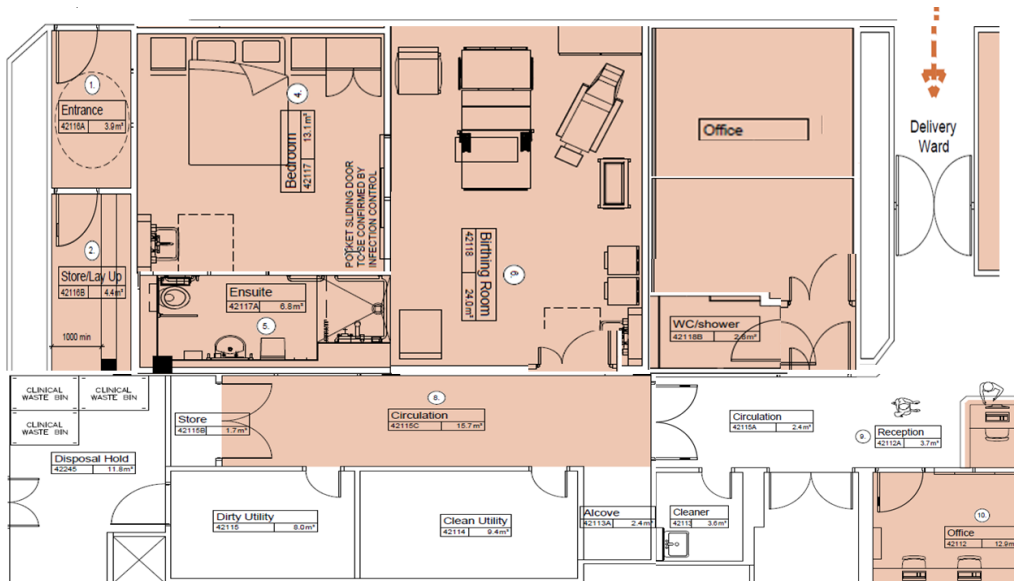
3.2.4.3 A 6 to 8-week period of survey work commissioned by the Trust is currently underway to determine the overall cost of the new build.

### 3.2.5 Twinkling stars bereavement suite:

3.2.5.1 Plans to move the current twinkling stars room to an appropriate area in proximity to the delivery suite so that any emergency can be promptly responded to, however at the same time being off of the delivery suite so that the care can be as sensitive and compassionate as possible has been completed. The latest proposal below is for the bereavement suite to be within the delivery suite footprint, however with separate access via the main hospital corridor. An estimated cost of £168,580 (excluding fees) has been submitted to East Kent Hospitals Charities for consideration.

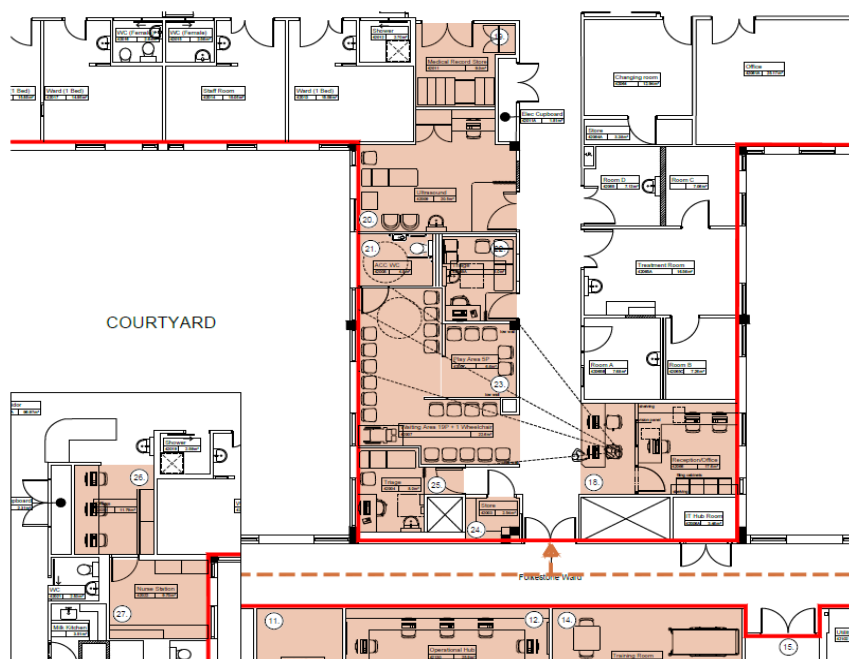
3.2.5.2 The Senior team are presenting the case to the Charities fund committee on 14 March 2024. There is a risk East Kent Charity may only be able to support elements of the bid enhancing the patients experience and not regulatory requirements.





### 3.2.6 WHH triage:

The CQC raise concerns that current the triage and day care facilities were poor, and women were cared for in a chaotic environment. The below plans within the Phase 1 business case have been created with the Maternity Multi-Disciplinary Team (MDT) to increase the waiting area foot print and allow for better flow and reception within this area.



### 3.3 Arrangements to sustain improvements:

3.3.1.1 Weekly *Stop the Clock* meeting being established by the Director of Midwifery is embedded across Maternity and recently included Gynae. This meeting provides oversight of clinical care, with attendance by the Heads of Midwifery and Matrons of both acute sites, to report to the Director of Midwifery on performance against the CQC section 31 and CQC Must and Should do's requirements.

3.3.1.2 This flowchart below, **Diagram 1, 'Stop the Clock' Process Flowchart**, sets out the roles and responsibilities and process for Stop the Clock checks and audits, and the information that is to be captured at each stage of reporting. By monitoring the maintenance and cleanliness of the facilities and equipment, the schedule of compliance checks and audits ensure that our women, birthing people and babies are kept safe.

**Diagram 1. 'Stop the Clock' Process Flowchart**



3.3.1.3 Any delays in rectification works are followed up by the Matron or Head of Midwifery with the respective site manager(s) for the relevant service(s), and escalated to the Director of Midwifery for further action there are continued delays.

3.3.1.4 The *Stop the Clock* outcomes are reported monthly through the service governance arrangements, reporting to the executive led Maternity and Neonatal Assurance Group (MNAG) and then onto the Trust board through the board assurance reporting arrangements.

3.3.1.5 Maternity services since October 2023 have undertaken environmental deep dives on a regular basis across both QEQM and WHH. This is supported by bi-weekly overarching environmental walk arounds with senior teams in 2gether estates and facilities, Maternity, Infection Prevention and Control (IPC) and the chief Nurse to review the progress of the minors works being undertaken.

3.3.1.6 Also, during the Autumn last year, the Maternity and Neonatal Voices Partnership led a '15-Steps challenge', which saw the service through the eyes of people who use it and what they see and experience within 15 steps of entering a department. The team invited service users and is using the feedback to inform minor works improvements in making maternity services welcoming, safe, clean, friendly, calm and well organised

### 3.4 Targeted minor works across Maternity

3.4.1 **The trust must ensure infection control processes and policies are followed to reduce the spread of cross infection. (Regulation 12(2)(h)) and Regulation 15(1)(c) must ensure the environment and facilities are improved to meet the needs of women and babies:**



### 3.4.2 WHH Minor works improvements:

3.4.2.1 To date all areas of maternity have had improvements made making a difference to both women, birthing people and staff, however there is still a number of works that is yet to be completed including refurbishment of poor condition bathrooms and toilets, replacement all splashbacks and non-IPC sinks, all of which are being picked up on the weekly environmental audits presented at the stop the clock meeting due to noncompliance.

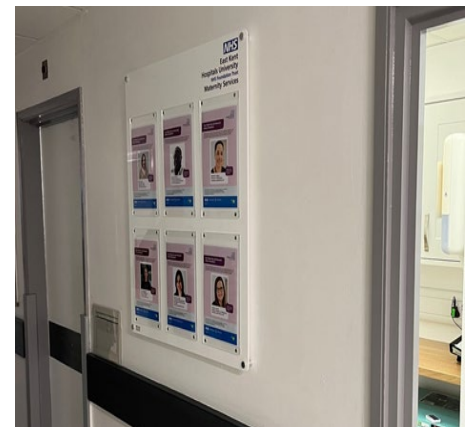
3.4.2.2 Double lock forms are being submitted, however feedback and approval process is very slow. Works are progressing not to delay.

### 3.4.3 Folkestone Ward:

3.4.3.1 Folkestone ward has had the following improvement made:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Full redecoration of the corridors, including doors has been completed.
- New stripe lighting and ceiling tiles have installed
- New IPC aprons and glove holders outside each room and bay.
- A new Infographic board has been installed to display information / Maternity dashboard data
- A new visual champion board has been installed within the entrance of the ward.
- Removal of old TV units in each room and bay
- Removal of wall mounted fans in each room and bay
- Vey minor improvements within the bathrooms and toilets of new mastic
- Plastic ligature covers added to all pull lights and emergency call cords
- Installation of sensor lights within the bathrooms removing the lights cords
- removal of shelving in toilets no longer required to hold scales following changes in guideline.
- Broken blind in bay A replaced

3.4.3.2 The following pictures demonstrate the improvements made to date have made the ward look and feel welcoming, clean and brighter.





3.4.3.3 The following list of works are yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of Works
Full refurbishment of bathrooms including removal of Bidets	Infection Prevention Control	Must Do	Quote received for 28k for all bathrooms across maternity <i>(to be raised on double lock form and charity request)</i>
Redecoration of the bays and side rooms, offices, sluice, mil kitchen, side room bathrooms	Infection Prevention Control	Must Do	Additional Quote received £25,901.50 to allows painting to continue throughout the ward <i>(to be raised on double lock form)</i>
Call bell system upgrade	Patient Safety	Must Do	Quote received to upgrade the current system rather than new £16,000) <i>(to be raised on double lock form)</i>
Damaged poor condition pathology pod cupboard to be replaced	Infection Prevention Control	Must Do	Quote received £825.06 and approved. Awaiting works to start
Small non-compliant cleaning sink to be replaced with new basin in domestic cupboard	Infection Prevention Control	Must Do	Costs within bathroom refurbishment costs
Replacement of poor condition sink splash backs including replacing of non-compliant IPC sinks	Infection Prevention Control	Must Do	Quote received £81k for replacement of 21 sinks across Maternity areas <i>(to be raised on double lock form)</i>

#### 3.4.4 Delivery Suite Improvements:

3.4.4.1 The delivery suite has had the following improvements made to date including:

- Full redecorations of the corridor
- Declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls
- New lockable cabinets to secure patient notes has been installed in the midwife's office (this was picked up by the CQC as a safety concern)
- New blinds in all delivery rooms
- Removal of old TV wall units
- Removal of wall mounted fans
- Installation of an infographic board



- Installation of new Paxton fob control door from sluice to open bin store area (Risk of baby abduction due to the door being unlocked)
- Plastic ligature covers added to all pull lights and emergency call cords
- Installation of sensor lights within the bathrooms removing the lights cords
- Removal of damage non-compliant IPC cabinets in the corridor
- A new visual champion board has been installed within the entrance of the ward.

3.4.4.2 The following pictures demonstrate the improvements made to date have made the ward look and feel clean, brighter and secure.



3.4.4.3 The following list of works are yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Full refurbishment of two bathrooms	Infection Prevention Control	Must Do	Quote received for 28k for all bathrooms across maternity <i>(to be raised on double lock form and charity request submitted)</i>



Continue redecoration of each delivery room	Infection Prevention Control	Must Do	Quote received and approved ( <i>to be raised on double lock form</i> )
Replacement of poor condition sink splash backs including replacing of non-compliant IPC sinks	Infection Prevention Control	Must Do	Quote received £81k for replacement of 21 sinks across Maternity areas ( <i>to be raised on double lock form</i> )
3 x extra electric sockets in all delivery rooms to mitigate use of extension leads	Patient safety and Infection Prevention Control	Must Do	Quote received £6,434.32 awaiting works to start ( <i>to be raised on double lock form</i> )
Installation of IPC compliant cabinets by resus trolley to provide storage	Health and Safety	Should Do	Awaiting quote

### 3.4.5 Day care / Triage:

3.4.5.1 The Day care / Triage area has had the following improvements made to date including:

- Full redecorations of the corridor
- Declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls
- A new visual champion board has been installed within the entrance of the ward.

3.4.5.2 The following pictures demonstrate the redecoration has made the area feel clean and brighter.



3.4.5.3 The following list of works are yet to be completed which has been raised on the weekly environmental audit:



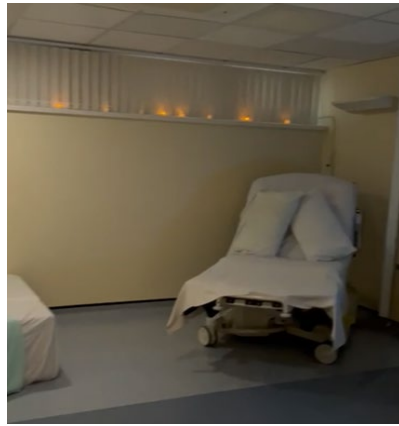
works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Replacement of poor condition sink splash backs including replacing of non-compliant IPC sinks	Infection Prevention Control	Must Do	Quote received £81k for replacement of 21 sinks across Maternity areas <b>(to be raised on double lock form)</b>
2 x double power socket and network point to be added to wall to mitigate the need for extension leads.	Patient Safety and Infection Prevention Control	Must Do	Quote received £2,412.56 awaiting works to start <b>(to be raised on double lock form)</b>
Replacement of damaged black out blinds in the obstetric scanning room	Infection Prevention Control	Must Do	Awaiting quote
Cover to be placed over old fire extinguisher alcove by room D along day care corridor	Infection Prevention Control	Must Do	Quote approved £800 awaiting works to start
examination lights to be installed on the walls by beds	Patient Safety	Must Do	Awaiting quote
Damaged non-compliant shelving units in each clinic room to be replaced by close-able cupboards	Infection Prevention Control	Must Do	Quote received 26 January 24 <b>(to be raised on double lock form)</b>

### 3.4.6 Maternity Lead Unit (Singleton)

3.4.6.1 The Singleton Unit has undergone significant refurbishments to allow for the reopening of the unit on 15 December 23:

- All AC units replaced
- Dimmer light switches added
- Ceiling tiles replaced
- Full redecoration
- New IPC apron and glove holders
- Removal of declutter and old picture frames
- All bathrooms deep cleaned and new mastic
- New flooring in areas of poor condition
- New emergency call system linked to labour ward
- New door entry camera system
- Reflective film across the windows providing privacy and dignity





- New mural on the walls co-produced with women and birthing people





3.4.6.2 The following very minor works are yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Removal of the hand dryer in the staff toilet due to water going into the toilet paper holder	Infection Prevention Control	Must Do	Awaiting quote
Removal of non-compliant birthing pool in room 2 and replacement with new one ( <i>Charity request for a new pool has been submitted</i> )	Infection Prevention Control	Must Do	Charities bid submitted 4 <sup>th</sup> December 23. Awaiting outcome

### 3.4.7 QEQM Minor works improvements

3.4.7.1 To date all areas of maternity have had minor cosmetic improvements made that are making a difference to both women, birthing people and staff, however there is still a number of works involving reconfiguration of rooms, refurbishments of poor condition bathrooms and flooring that is yet to be completed. All of these works are being seen on the weekly audits presented at the stop the clock meeting due to noncompliance.

### 3.4.8 Labour Ward:

3.4.8.1 The Labour Ward has had the following improvements completed to date including:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- All fire doors clearly signed to ensure closure
- Full redecoration of the ward including repair to walls that are damaged / poor condition
- Additional plug sockets to allow equipment to charge and be ready to use
- Installation of new IPC apron and gloves holders
- Neonatal thermometer holders to be fixed on to wall in room 3



- Replacement of cracked bath side panel in bathroom joined to Labour ward room 3
- Removal of all wall mounted fans
- Damaged poor condition cupboards removed from labour rooms and walls made good
- All wooden windows sills replaced with UPVC sills
- Installation of radiator covers
- Replacement of damaged and discoloured ceiling tiles
- All bathrooms deep cleaned and new mastic (temporary measure)
- Plastic ligature covers added to all pull lights and emergency call cords
- Installation of literature holders to be fixed on to the wall inside each labour room
- Install of stainless-steel corner protection to door frames down corridor and doors
- Dedicated locked Medical gas room created to store the gas cylinder safely in racking.

3.4.8.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
ALL IPS (integrated plumbing supply) to be fitted to all sinks	Infection Prevention Control	Must Do	Quote received 26.01 for £4,292.03 for LW & KG <b>(to be raised on double lock form)</b>
Refit bathroom (remove old and install new); remove decommissioned (pipe) system	Infection Prevention Control	Must Do	Awaiting quote
Staff room: kitchen units and sink to be removed; Room to become storage room	self-assessment - Other	Must Do (Environment and Facilities)	Awaiting quote
Staff room: Toilet and sink to be removed;	self-assessment - Other	Must Do (Environment and Facilities)	Awaiting quote
Two walls in sluice to have hygiene-clad (area where linen skips bins macerator are situated.).	Infection Prevention Control	Must Do	Awaiting quote
Radiator covers	Infection Prevention Control	Must Do	Works start 29 January 24

### 3.4.9 Midwifery Led Unit (MLU):

3.4.9.1 The MLU has had the following improvements made to date including:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Redecoration of areas that are poor condition
- New lock boxes fitted in all labouring rooms
- Installation of new IPC apron and gloves holders



- Removal of all wall mounted fans
- Installation of radiator covers
- Replacement of ceiling damaged ceiling tiles
- All bathrooms deep cleaned and new mastic
- Plastic ligature covers added to all pull lights and emergency call cords



3.4.9.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Staff wellbeing room - Install kitchenette	self-assessment - Other	Must Do (Environment and Facilities)	Awaiting quote

### 3.4.10 Kingsgate Ward:

3.4.10.1 The following works have been completed within Kingsgate ward:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Full redecoration of the ward including repair to walls that are damaged / poor condition
- Additional plug sockets to allow equipment to charge and be ready to use
- keypad locks for 2 cupboards in the clinical room on
- Installation of new IPC apron and gloves holders
- Neonatal thermometer holders to be fixed on to wall in room 3
- Removal of all wall mounted fans
- All wooden windows sills replaced with UPVC sills
- Removal the cupboards and shelves currently adjacent to the sinks in each side room 2 to 9. Please also repair and redecorate the remaining space.
- Installation of radiator covers
- Replacement of ceiling damaged ceiling tiles





- All bathrooms deep cleaned and new mastic
- Plastic ligature covers added to all pull lights and emergency call cords
- phone line installed in room 9 (paediatric office)
- poor condition flooring and shelving replaced in linen room

3.4.10.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or other requirement	Linked to CQC Must or should do requirements	Status of works
Protective door guards either fallen off or broken require fixing or replacing	Infection Prevention Control	Must Do	Works start 29 January 24
Doors to be added to either side of connecting corridor on KG in order to create a storage space.	Patient Safety	Must Do	Discussion with Fire Lead if doable
Storage space to be changed into a nurse's station space - High nurses' station to be added & IT works for computers	Patient Safety	Must Do	As above
Patient Shower - Hide the pipework visible on upper walls either by boxing in/installing a new lower ceiling. If a new false ceiling was installed – lighting would need to be moved/installed and smoke alarm moved/installed.	Infection Prevention Control	Must Do	Works start 29 January 24
ALL IPS (integrated plumbing supply) to be fitted to all sinks	Infection Prevention Control	Must Do	Quote received 26.01.24 for £4,292.03 for LW & KG <b>(to be raised on double lock form)</b>
Refurbish poor condition patient bathroom	Infection Prevention Control	Must Do	Quote received 22.01.24 for £13,863.23 <b>(to be raised on double lock form)</b>
Staff toilet and bathroom requires refurbishment	Self-assessment - Infection Prevention Control	Must Do	Awaiting quote



### 3.4.11 St Nicholas Suite /Triage:

3.4.11.1 The following works have been completed:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Minor works including redecoration and installation of IT points and sockets as part of the triage room moves
- Full redecoration of the ward including repair to walls that are damaged / poor condition
- Installation of new IPC apron and gloves holders
- Replacement of patient toilet no longer cleanable
- Plastic ligature covers added to all pull lights and emergency call cords
- Store room redecorated, flooring and shelving replaced
- Poor condition in cleaner's cupboard replaced
- Removal of advertisement posters including baby TV in waiting area
- Full decoration of the reception lobby area
- Replacement of poor condition scanning room black out blinds
- Undercounter pull out keyboard/mouse tray installed to allow space for monitors on reception desk



3.4.11.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of Works
SLUICE. new floor to be installed; remove racking; IPS panel behind sink - reconfiguration	Infection Prevention Control	Must Do	Awaiting quote
A lock or Digi pad to be fitted on the door leading to the reception desk on St Nicholas suite.	Patient Safety	Must Do	Awaiting quote
Reflective film to be placed along the top row of windows (above rear access doors to garden area - adjacent	Self Assessment - Staff welfare	Should Do	Awaiting quote



to Kingsgate Ward - at ceiling height) to prevent the sun rays glaring through during the day, which is a Health and Safety issue causing difficulties for the medical / Triage clerks to see, and to see their PCs, clearly			
Patient toilet - replace very poor condition flooring and repaint walls (toilets have already been changed)	Infection Prevention Control	Must Do	Awaiting quote
Keypad lock installed to new post-natal notes storage cupboard	Patient Safety	Must Do	Works start 29 January 24

### 3.5 Kent & Canterbury Hospital (K&C):

#### 3.5.1 Day Care:

3.5.1.1 The Day care unit at K&C site has recently started to have improvements made following IPC walkarounds. The area is in very poor dated condition. There has not been any estates investment within this area for a long time. A number of works is required to make the area to an IPC compliant standard and become a warm, calming and welcoming atmosphere for women and birthing people coming for their out-patient appointments.

3.5.1.2 To date improvements have been made in clinic room 1 with the following works:

- Redecorating
- Removal of condemned call bell system and old thermometers from the walls.
- Removal of ligature risks - hooks
- Removal of dated damaged cabinets from when the area was open for birthing.
- The ensuite had tiles broken and the bath was in a poor condition. The tiles have been replaced and the bathroom has been redecorated and deep cleaned.
- Replacement damage skirting boards





3.5.1.3 Works have also started on the two shower rooms that are within rooms converted into offices. These shower rooms had ceiling tiles missing/damaged due to leaks. Although the showers had been removed, the shower trays were still in situ and were damaged due to continuous leaks and debris from the ceiling. The tiles, walls and flooring are in a very poor condition. Estates have made the rooms as safe as possible (below photo's) as a temporary measure. A minor works form has been submitted for a quote to convert the rooms into storage spaces.

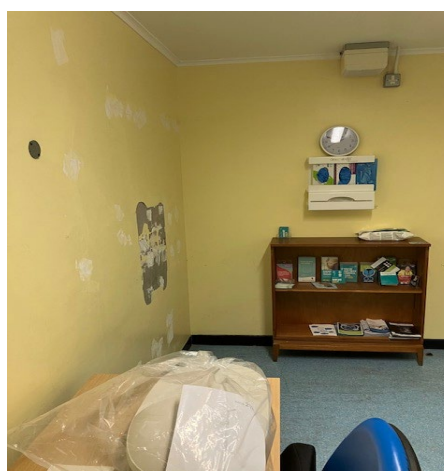


3.5.1.4 The following minor works have also commenced across the unit as immediate IPC request:

- Full declutter of unit including removal of old damaged furniture
- Removal of damage tiles on a wall where a sink was
- Removal of shelving situated above a couch
- Removal of non-IPC compliant wall cabinets
- Removal of all picture frames situated across the unit
- Removal of cork boards
- Removal of damaged shelving
- Removal of old call bell system
- Removal of broken blind
- Removal of curtain rail (not required)
- Removal of baby changing table from staff toilet and installed within patient toilet



- Redecoration of rooms and corridor
- Foliage around the unit has been cut back



3.5.1.5 The following minor works are yet to be completed:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements
Removal of dated damaged cabinets in all clinic rooms	Infection Prevention Control	Must Do
Redecorating of clinic rooms	Infection Prevention Control	Must Do
Removal of ceiling fans	Infection Prevention Control	Must Do
All windows to be cleaned inside and out	Infection Prevention Control	Must Do
Removal of wall fans	Infection Prevention Control	Must Do
Reflective film added to some windows to provide privacy and dignity in clinic rooms	Patient safety	Must Do
Installation of wall mounted IPC apron and glove holders	Infection Prevention Control	Must Do

3.5.1.5 The following works require contractor quotes due to more extensive works.

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of Works
SLUICE. Full refurbishments	Infection Prevention Control	Must Do	Awaiting quote
All clinic room window require changing with UPVC glazing	Infection Prevention Control	Must Do	Awaiting quote
IPC compliant sinks in all clinic rooms	Infection Prevention Control	Must Do	Awaiting quote
New flooring in midwife's office	Infection Prevention Control	Must Do	Awaiting quote



Replace damaged skirting boards	Infection Prevention Control	Must Do	Awaiting quote
Key code lock required for emergency cupboard	Infection Prevention Control	Must Do	Awaiting quote
Convert poor condition staff shower into a changing cubicle	Infection Prevention Control	Must Do	Awaiting quote
Radiator taps needing capping in one clinic room where the radiator was removed	Infection Prevention Control	Must Do	Awaiting quote
Convert two shower rooms into storage	Infection Prevention Control	Must Do	Awaiting quote

### 3.6 Weekly environmental compliance audits:

#### 3.6.1 WHH:

3.6.1.1 In December 2023 and to date in January 2024 the environmental audits have shown a consistent Amber scoring across Folkestone and Delivery suite all relating to estates minor works and cleaning.

Metric	Frequency	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	04/01/2024	15/01/2024	19/01/2024
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Folkestone	Weekly	91%	92%	92%	93%	92%	90%	94%	93%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Labour Ward	Weekly	92%	91%	93%	92%	94%	91%	93%	94%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Triage	Weekly	96%	97%	94%	92%	91%	92%	96%	96%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: MLU	Weekly	N/a	N/A	93%	92%	91%	97%	96%	96%
<b>Target</b>	<b>Frequency</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>
Monthly Environmental Audit completed with IPC Lead	Monthly	N	N	Y	N	N	N	Y	Y
<b>Target</b>	<b>Frequency</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Daily Environmental checks: Pool cleans	Daily	100%	100%	100%	100%	100%	100%	100%	100%

3.6.1.2 Themes from the weekly audits are:

Folkestone Ward	Delivery suite (Labour ward)	Day Care / Triage	MLU
<ul style="list-style-type: none"> <li>Bathrooms - need renovation</li> <li>Worktop strip missing in nursery</li> <li>Ceiling tiles need replacing</li> </ul>	<ul style="list-style-type: none"> <li>Switch needs replacing</li> <li>Floor in equipment dirty</li> <li>cupboard needs cleaning.</li> </ul>	<ul style="list-style-type: none"> <li>Clutter in cupboards,</li> <li>cleaning schedules not on display.</li> </ul>	<ul style="list-style-type: none"> <li>cleaning schedules not on display.</li> </ul>




<ul style="list-style-type: none"> <li>Sluice needs IPC station</li> <li>Shower rail needs replacing</li> <li>2 x bins broken</li> <li>Splashbacks non-IPC compliant</li> </ul>	<ul style="list-style-type: none"> <li>Staff room untidy.</li> <li>Splashbacks non-IPC compliant</li> </ul>	<ul style="list-style-type: none"> <li>Cleaning trolleys left in corridors due to lack of storage</li> </ul>	
---	---	--	--

3.6.2 QEQM:

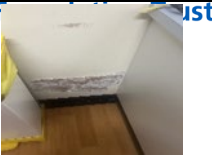
3.6.2.1 In December 2023 and to date January 2024 the environmental audits have shown scoring of lower than 95% across the maternity areas all relating to estates minor works and cleaning standards.

Metric	Frequency	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	05/01/2024	15/01/2024	22/01/2024
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Kingsgate	Weekly	97%	97%	96%	95%	94%	95%	95%	
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Labour Ward	Weekly	94%	95%	96%	95%	92%	95%	95%	93%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Triage	Weekly	94%	94%	95%	94%	94%	94%	93%	93%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: MLU	Weekly	95%	95%	98%	97%	96%	96%	95%	96%
<b>Target</b>	<b>Frequency</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>
Monthly Environmental Audits with IPC Lead	Monthly	Y	Y	Y	Y	NO	NO	Yes	Yes
<b>Target</b>	<b>Frequency</b>	<b>100%</b>	<b>Y/N</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Daily Environmental checks: Pool cleans	Daily	100%	100%	100%	100%	100%	100%	100%	100%

3.6.2.2 Themes from the weekly audits are:

Kingsgate ward	Labour ward	Day Care / Triage
<ul style="list-style-type: none"> <li>Patient and staff Bathrooms poor condition</li> <li>Sluice poor condition</li> <li>Protective door guards either fallen off or broken require fixing or replacing</li> </ul>	<ul style="list-style-type: none"> <li>Two walls in sluice to have hygiene-clad</li> <li>Patient and staff Bathrooms poor condition</li> </ul>	<ul style="list-style-type: none"> <li>High level of dust on low levels/ patient lockers</li> <li>Patient toilet flooring and walls: </li> <li>Sluice – poor condition floor / wall and IPS panel behind sink – reconfiguration</li> </ul>



		
--	--	---

### 3.7 Conclusion

- 3.7.1 A systematic approach has already been implemented since the initial inspection and is embedded to ensure there is daily oversight to maintaining a safe environment across the maternity units at WHH and QEQM. This has supported escalation of issues highlighted through the weekly Stop the clock meetings. This has been part of the section 31 requirements and will continue in addressing the must and should do's within the CQC reports.
- 3.7.2 A number of improvements have been made across the maternity units with minor works including the reopening of Singleton Unit at WHH. This has led to a CQC Should Do requirement being closed. However, there is still works due to be completed that will support the achievement of compliance against the environmental audits.
- 3.7.3 Cleanliness of the wards/units is still a constant concern and is raised daily to 2gether. This again impacts on the environmental audit scores.
- 3.7.4 Larger estates works are progressing however until the completion of the new medication room, 2<sup>nd</sup> obstetric theatre, bereavement suite and WHH triage (waiting area) the Trust cannot declare compliance against Regulation 15: The trust must ensure the environment and facilities are improved to meet the needs of women and babies. (Regulation 15(1)(c)).





**REPORT TO BOARD OF DIRECTORS (BoD)**

**Report title:** Implementation of the estate and minor work elements of the Care Quality Commission (CQC) Must and Should do recommendations

**Meeting date:** 4 April 2024

**Board sponsor:** Chief Nursing & Midwifery Officer and Executive Board maternity and Neonatal Safety Champion

**Paper Author:** Head of Operations Women's Health Services

**Appendices:**

None

**Executive summary:**

Action required:	Information
<p><b>Purpose of the Report:</b></p>	<p>This paper has been prepared to provide an update on the progress of estates and minor works across Maternity Services relating to the Must and Should do requirements highlighted in the publication of the CQC reports for Maternity services at Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH) on 26 May 23.</p>
<p><b>Summary of key issues:</b></p>	<p>There is a total of 20 x <i>Must Do</i> and 18 <i>Should do</i> requirements of which three overlap across both QEQM and WHH sites.</p> <p>There are five <i>Must Do's</i> and two <i>Should do</i> requirements relating to minor works / estates.</p> <p>A systematic approach has already been implemented since the initial inspection and is embedded to ensure there is daily oversight to maintaining a safe environment across the maternity units at WHH and QEQM. This has supported escalation of issues highlighted through the weekly Stop the clock meetings. This has been part of the section 31 requirements and will continue in addressing the must and should do's within the CQC reports.</p> <p>A number of improvements have been made across the maternity units with minor works including the reopening of Singleton Unit at WHH. This has led to a CQC <i>Should Do</i> requirement being closed. However, there is still works due to be completed that will support the achievement of compliance against the environmental audits and provide the improvements to estates and facilities to support the needs for women and birthing people.</p> <p>Cleanliness of the wards (high- and low-level dust) is still a constant concern and is raised daily to 2gether Support Solutions (2gether). This again impacts on the environmental audit scores.</p>



	<p>Larger estates works are progressing however until the completion of the new medication room, 2<sup>nd</sup> obstetric theatre, bereavement suite and WHH triage (waiting area) the Trust cannot declare compliance against Regulation 15: The trust must ensure the environment and facilities are improved to meet the needs of women and babies. (Regulation 15(1)(c)).</p> <p>There is a risk East Kent Charity may only be able to support elements of estates funding bid of enhancing the patients experience and not regulatory requirements.</p>
<b>Key recommendations:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of this report and refer to the CQC final reports for both WHH &amp; QEQM.</li> <li>• Support the escalation of the remaining estates works.</li> </ul>

**Implications:**

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	<p><b>CRR 77:</b> Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services .</p> <p><b>CRR 122:</b> There is a risk that midwifery staffing levels are inadequate.</p>
<b>Resource:</b>	N
<b>Legal and regulatory:</b>	Y - Clinical Negligence Scheme for Trusts (CNST), NHS Long Term Plan-standard contract.
<b>Subsidiary:</b>	N

**Assurance route:**

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)



## CQC Action plan update

---

### 1. Purpose of the report

- 1.1 To provide an update on the progress of estates and minor works across Maternity Services relating to the Must and Should do requirements highlighted in the publication of the CQC reports for Maternity services at Queen Elizabeth and Queen Mother Hospital and William Harvey Hospital on 26 May 23.

### 2. Background

- 2.1 The Trust received the final CQC inspection reports for both Queen Elizabeth Queen Mother (QEQM) and William Harvey (WHH) Hospitals on 26 May 2023 following the unannounced visit on 10<sup>th</sup> and 11<sup>th</sup> January 2023.

- 2.2 There is a total of 20 x Must Do's and 18 Should Do's requirements of which three overlap across both QEQM and WHH sites.

- 2.3 The following Must do and Should do regulations have elements within the action plan relating to estates and minor works requirements:

#### 2.3.1 Must Do:

- The service must improve medicines management across all its maternity services. This is to ensure prescription stationery are monitored and accounted for, medicines are stored securely, women have their medicines in a timely way, staff have prompt access to medicines (including medical gases when required), staff have adequate space to safely manage medicines and expired medicines are removed from stock. (Regulation 12(2)(g)).
- The trust must ensure the environment and facilities are improved to meet the needs of women and babies. (Regulation 15(1)(c)).
- The service must ensure care and treatment is provided in a safe way in relation to resuscitaires in the labour suites. The service must do everything that is reasonably possible to mitigate this risk. (Regulation 12(2)(b)).
- The service must ensure continued compliance with fire safety in the maternity unit. (Regulation 15).
- The trust must ensure infection control processes and policies are followed to reduce the spread of cross infection. (Regulation 12(2)(h))

#### 2.3.2 Should Do:

- The service should ensure they have considered the baby abduction risk and explored ways to improve security in the department. (Regulation 12).
- The service should ensure that women have a choice of place of birth

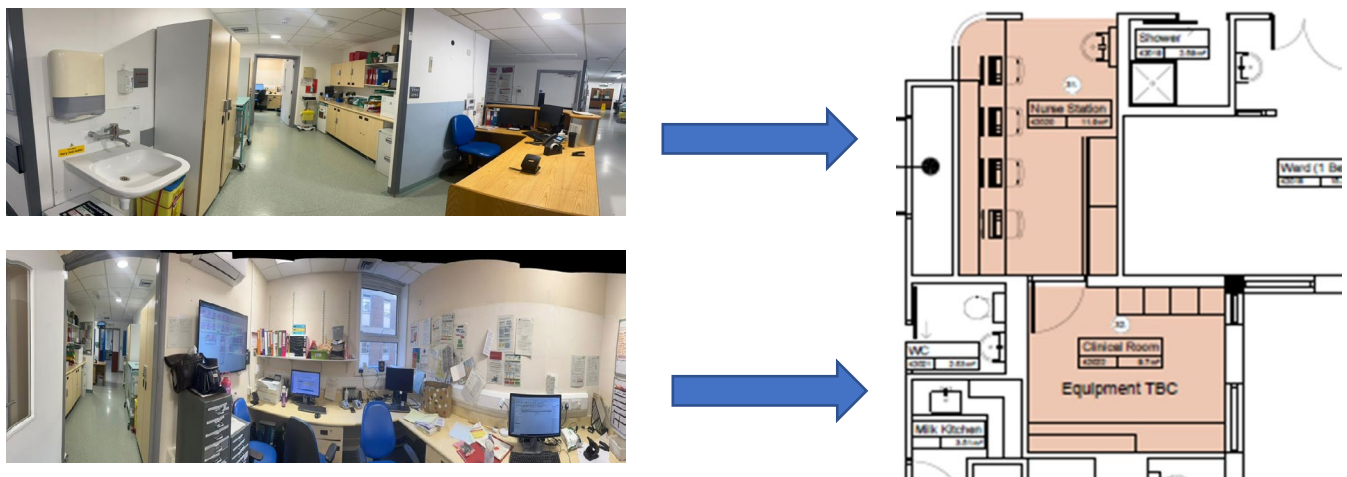


### 3. Progress update of Estates and Minor works against each regulation:

#### 3.1 Regulation 12(2)(g) Improve medicines management across all its maternity services:

3.1.1 Estate plans for a dedicated treatment area for the midwives to safely prepare medication within Folkestone Ward has been completed. A tendering process has finished with a contractor awarded with the costs of £32,261.11 quoted. Works are expected to start mid-February 24. A working group has been established led by the Head of Operations to plan the relocation of a temporary medication room and midwifery office whilst the works take place which is expected to take approximately six to eight weeks.

3.1.2 The following plans below have been submitted which converts the current midwifery office to the medication room and the current medication area to be the midwifery and reception area.



#### 3.2 Regulation 15(1)(c) must ensure the environment and facilities are improved to meet the needs of women and babies:

3.2.1 The following business cases have been approved by the Trust are in the capital plan:

- Maternity Estates Review – £1.6m (2025/26)
- Additional Obstetrics Theatre at QEQM – £1.2m (25/26), £500k (26/27) and £450k (27/28)
- Targeted Special Care Baby Unit (SCBU) refurbishments - £1.6m (25/26)

3.2.2 Maternity Capital improvements have been prioritised to the following in line with the CQC Must do requirements:

- Obstetrics Theatres Capacity and targeted maternity estates at QEQM
- Targeted delivery suite refurbishments at WHH
- Targeted SCBU refurbishments at QEQM



3.2.3 The Trust has also been asked to work up a single business case up to £25m that is related to maternity and to specifically address issues raised by the CQC and Reading the signals report. There have been campaigns from Local MP's to support the investment. A business case has been developed and submitted to NHS England (NHSE).

### 3.2.4 2<sup>nd</sup> obstetric theatre at QEQM:

3.2.4.1 The new proposed designs below are for two new obstetric theatres and consultant led delivery suite by extending out the back of the current labour ward.



3.2.4.2 This will enable Obstetrics no longer using main theatres when a second emergency case occurs and could potentially enable the obstetric theatre for other women's health surgery, freeing up main theatre which could be used for elective recovery but would require more staff

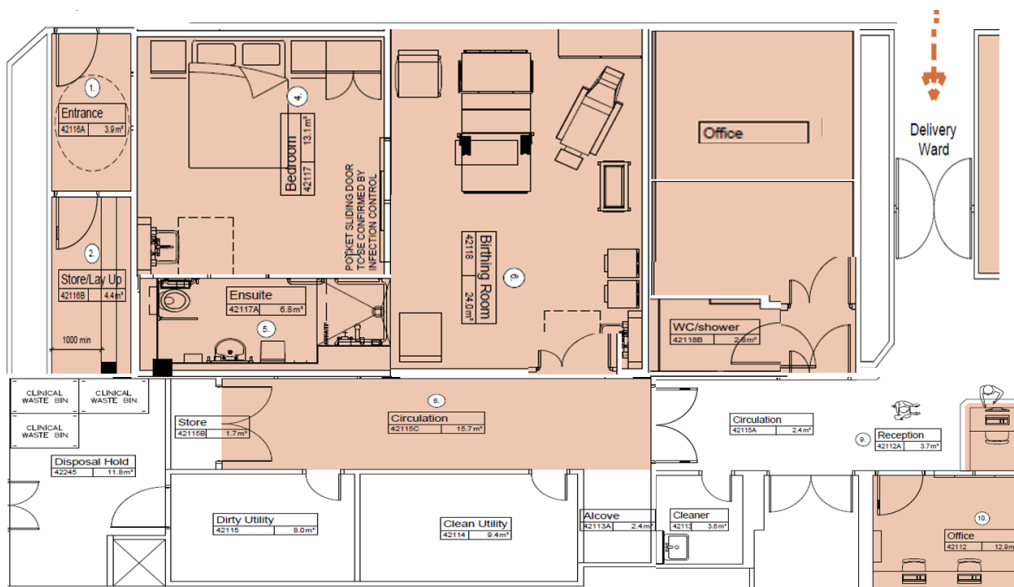
3.2.4.3 A six to eight-week period of survey work commissioned by the Trust is currently underway to determine the overall cost of the new build.

### 3.2.5 Twinkling stars bereavement suite:

3.2.5.1 Plans to move the current twinkling stars room to an appropriate area in proximity to the delivery suite so that any emergency can be promptly responded to, however at the same time being off of the delivery suite so that the care can be a sensitive and compassionate as possible has been completed. The latest proposal is for the bereavement suite to be within the delivery suite footprint, however with separate access via the main hospital corridor. An estimated cost of £168,580 (excluding fees) has been submitted to East Kent Hospitals Charities for consideration.



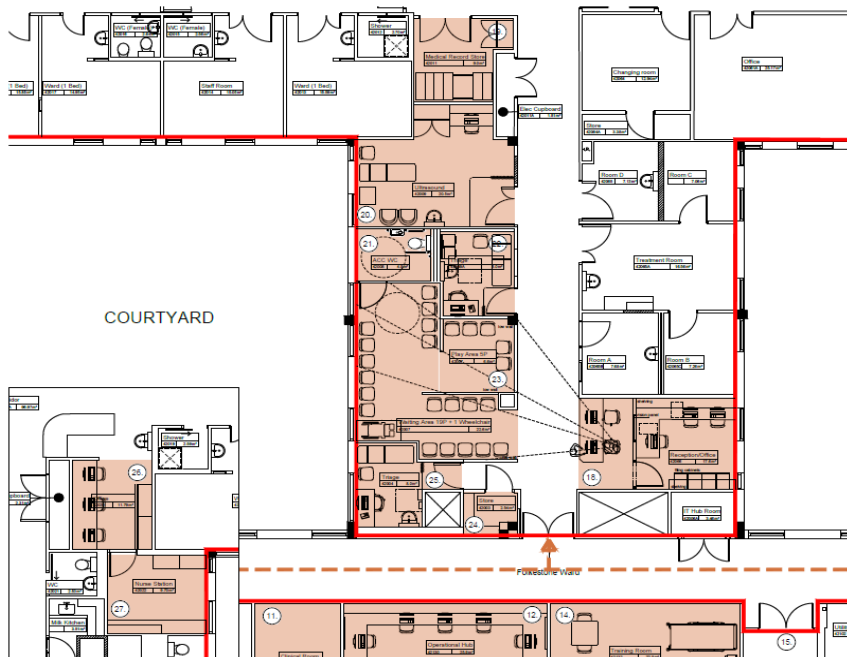
3.2.5.2 There is a risk East Kent Charity may only be able to support elements of the bid enhancing the patients experience and not regulatory requirements. A presentation of the ask will be presented at the Charity Committee on 14 March 24.



**3.2.6 WHH triage:**

The CQC raise concerns that current the triage and day care facilities were poor, and women were cared for in a chaotic environment. The below plans within the Phase 1 business case have been created with the Maternity Multi-Disciplinary Team (MDT) to increase the waiting area foot print and allow for better flow and reception within this area.





### 3.3 Arrangements to sustain improvements:

3.3.1.1 Weekly *Stop the Clock* meeting being established by the Director of Midwifery is embedded across Maternity and recently included Gynae. This meeting provides oversight of clinical care, with attendance by the Heads of Midwifery and Matrons of both acute sites, to report to the Director of Midwifery on performance against the CQC section 31 and CQC Must and Should do's requirements.

3.3.1.2 This flowchart below, **Diagram 1, 'Stop the Clock' Process Flowchart**, sets out the roles and responsibilities and process for Stop the Clock checks and audits, and the information that is to be captured at each stage of reporting. By monitoring the maintenance and cleanliness of the facilities and equipment, the schedule of compliance checks and audits ensure that our women, birthing people and babies are kept safe.

**Diagram 1. 'Stop the Clock' Process Flowchart**



3.3.1.3 Any delays in rectification works are followed up by the Matron or Head of Midwifery with the respective site manager(s) for the relevant service(s), and escalated to the Director of Midwifery for further action there are continued delays.



3.3.1.4 The 'Stop the Clock' outcomes are reported monthly through the service governance arrangements, reporting to the executive led Maternity and Neonatal Assurance Group (MNAG) and then onto the Trust board through the board assurance reporting arrangements.

3.3.1.5 Maternity services since October 23 have undertaken environmental deep dives on a regular basis across both QEQM and WHH. This is supported by bi-weekly overarching environmental walk arounds with senior teams in 2gether estates and facilities, Maternity, Infection Prevention and Control (IPC) and the Chief Nurse to review the progress of the minor works being undertaken.

3.3.1.6 Also, during the Autumn last year, the Maternity and Neonatal Voices Partnership led a '15-Steps challenge', which saw the service through the eyes of people who use it and what they see and experience within 15 steps of entering a department. The team invited service users and is using the feedback to inform minor works improvements in making maternity services welcoming, safe, clean, friendly, calm and well organised

### 3.4 Targeted minor works across Maternity

3.4.1 **The trust must ensure infection control processes and policies are followed to reduce the spread of cross infection. (Regulation 12(2)(h)) and Regulation 15(1)(c) must ensure the environment and facilities are improved to meet the needs of women and babies:**

3.4.2 **WHH Minor works improvements:**

3.4.2.1 To date all areas of maternity have had improvements made making a difference to both women, birthing people and staff, however there is still a number of works that is yet to be completed including refurbishment of poor condition bathrooms and toilets, replacement all splashbacks and non-IPC sinks, all of which are being picked up on the weekly environmental audits presented at the stop the clock meeting due to noncompliance.

3.4.3 **Folkestone Ward:**

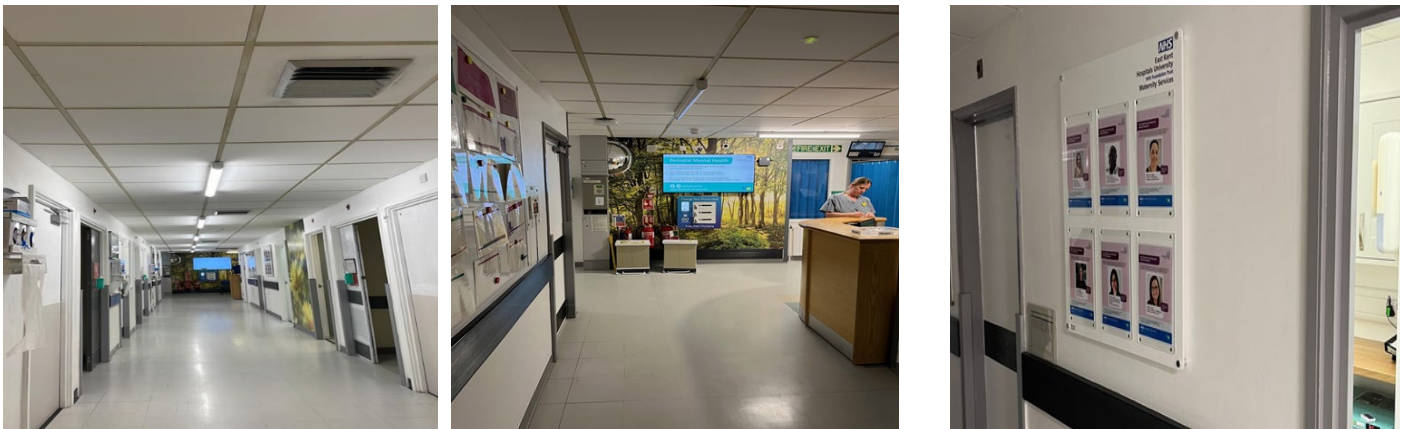
3.4.3.1 Folkestone ward has had the following improvement made:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Full redecoration of the corridors, including doors has been completed.
- New stripe lighting and ceiling tiles have installed
- New IPC aprons and glove holders outside each room and bay.
- A new Infographic board has been installed to display information / Maternity dashboard data
- A new visual champion board has been installed within the entrance of the ward.
- Removal of old TV units in each room and bay
- Removal of wall mounted fans in each room and bay
- Very minor improvements within the bathrooms and toilets of new mastic
- Plastic ligature covers added to all pull lights and emergency call cords
- Installation of sensor lights within the bathrooms removing the lights cords
- removal of shelving in toilets no longer required to hold scales following changes in guideline.
- Broken blind in bay A replaced





3.4.3.2 The following pictures demonstrate the improvements made to date have made the ward look and feel welcoming, clean and brighter.



3.4.3.3 The following list of works are yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of Works
Full refurbishment of bathrooms including removal of Bidets	Infection Prevention Control	Must Do	Quote received for 28k for all bathrooms across maternity <b>(to be raised on double lock form and charity request)</b>
Redecoration of the bays and side rooms, offices, sluice, mil kitchen, side room bathrooms	Infection Prevention Control	Must Do	Additional Quote received £25,901.50 to allows painting to continue throughout the ward <b>(to be raised on double lock form)</b>
Call bell system upgrade	Patient Safety	Must Do	Quote received to upgrade the current system rather than new £16,000 <b>(to be raised on double lock form)</b>
Damaged poor condition pathology pod cupboard to be replaced	Infection Prevention Control	Must Do	Quote received £825.06 and approved. Awaiting works to start
Small non-compliant cleaning sink to be replaced with new basin in domestic cupboard	Infection Prevention Control	Must Do	Costs within bathroom refurbishment costs
Replacement of poor condition sink splash backs including replacing	Infection Prevention Control	Must Do	Quote received £81k for replacement of 21 sinks



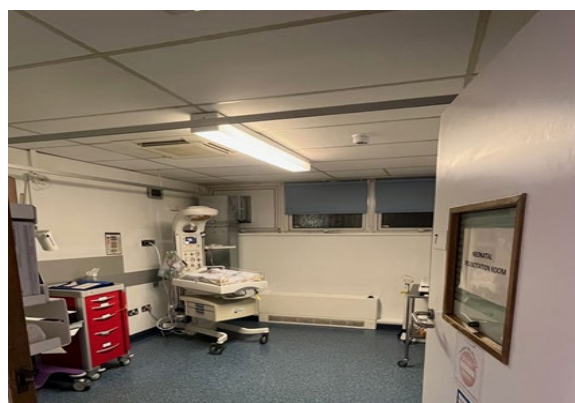
of non-compliant IPC sinks			across Maternity areas (to be raised on double lock form)
----------------------------	--	--	--

### 3.4.4 Delivery Suite Improvements:

3.4.4.1 The delivery suite has had the following improvements made to date including:

- Full redecorations of the corridor
- Declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls
- New lockable cabinets to secure patient notes has been installed in the midwife's office (this was picked up by the CQC as a safety concern)
- New blinds in all delivery rooms
- Removal of old TV wall units
- Removal of wall mounted fans
- Installation of an infographic board
- Installation of new Paxton fob control door from sluice to open bin store area (Risk of baby abduction due to the door being unlocked)
- Plastic ligature covers added to all pull lights and emergency call cords
- Installation of sensor lights within the bathrooms removing the lights cords
- Removal of damage non-compliant IPC cabinets in the corridor
- A new visual champion board has been installed within the entrance of the ward.

3.4.4.2 The following pictures demonstrate the improvements made to date have made the ward look and feel clean, brighter and secure.



3.4.4.3 The following list of works are yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Full refurbishment of two bathrooms	Infection Prevention Control	Must Do	Quote received for 28k for all bathrooms across maternity <b>(to be raised on double lock form and charity request submitted)</b>
Continue redecoration of each delivery room	Infection Prevention Control	Must Do	Quote received and approved <b>((to be raised on double lock form)</b>
Replacement of poor condition sink splash backs including replacing of non-compliant IPC sinks	Infection Prevention Control	Must Do	Quote received £81k for replacement of 21 sinks across Maternity areas <b>(to be raised on double lock form)</b>
3 x extra electric sockets in all delivery rooms to mitigate use of extension leads	Patient safety and Infection Prevention Control	Must Do	Quote received £6,434.32 awaiting works to start <b>(to be raised on double lock form)</b>
Installation of IPC compliant cabinets by resus trolley to provide storage	Health and Safety	Should Do	Awaiting quote

### 3.4.5 Day care / Triage:

3.4.5.1 The Day care / Triage area has had the following improvements made to date including:

- Full redecorations of the corridor
- Declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls
- A new visual champion board has been installed within the entrance of the ward.

3.4.5.2 The following pictures demonstrate the redecoration has made the area feel clean and brighter.





3.4.5.3 The following list of works are yet to be completed which has been raised on the weekly environmental audit:

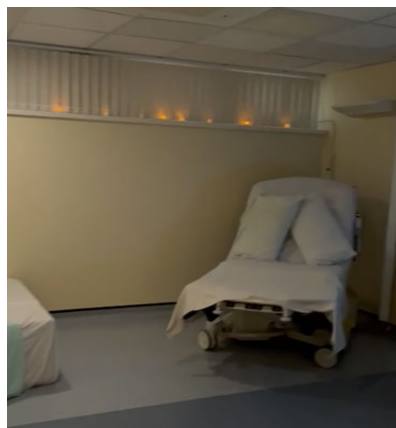
works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Replacement of poor condition sink splash backs including replacing of non-compliant IPC sinks	Infection Prevention Control	Must Do	Quote received £81k for replacement of 21 sinks across Maternity areas <b>(to be raised on double lock form)</b>
2 x double power socket and network point to be added to wall to mitigate the need for extension leads.	Patient Safety and Infection Prevention Control	Must Do	Quote received £2,412.56 awaiting works to start <b>(to be raised on double lock form)</b>
Replacement of damaged black out blinds in the obstetric scanning room	Infection Prevention Control	Must Do	Awaiting quote
Cover to be placed over old fire extinguisher alcove by room D along day care corridor	Infection Prevention Control	Must Do	Quote approved £800 awaiting works to start
examination lights to be installed on the walls by beds	Patient Safety	Must Do	Awaiting quote
Damaged non-compliant shelving units in each clinic room to be replaced by close-able cupboards	Infection Prevention Control	Must Do	Quote received 26 January 24 <b>(to be raised on double lock form)</b>



3.4.6 **Midwifery Lead Unit (MLU) (Singleton)**

3.4.6.1 The Singleton Unit has undergone significant refurbishments to allow for the reopening of the unit on 15 December 23:

- All AC units replaced
- Dimmer light switches added
- Ceiling tiles replaced
- Full redecoration
- New IPC apron and glove holders
- Removal of declutter and old picture frames
- All bathrooms deep cleaned and new mastic
- New flooring in areas of poor condition
- New emergency call system linked to labour ward
- New door entry camera system
- Reflective film across the windows providing privacy and dignity



- New mural on the walls co-produced with women and birthing people





3.4.6.2 The following very minor works are yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Removal of the hand dryer in the staff toilet due to water going into the toilet paper holder	Infection Prevention Control	Must Do	Awaiting quote



Removal of non-compliant birthing pool in room 2 and replacement with new one ( <i>Charity request for a new pool has been submitted</i> )	Infection Prevention Control	Must Do	Charities bid submitted 4 <sup>th</sup> December 23. Awaiting outcome
--	------------------------------	---------	---

### 3.4.7 QEQM Minor works improvements

3.4.7.1 To date all areas of maternity have had minor cosmetic improvements made that are making a difference to both women, birthing people and staff, however there is still a number of works involving reconfiguration of rooms, refurbishments of poor condition bathrooms and flooring that is yet to be completed. All of these works are being seen on the weekly audits presented at the stop the clock meeting due to noncompliance.

### 3.4.8 Labour Ward:

3.4.8.1 The Labour Ward has had the following improvements completed to date including:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- All fire doors clearly signed to ensure closure
- Full redecoration of the ward including repair to walls that are damaged / poor condition
- Additional plug sockets to allow equipment to charge and be ready to use
- Installation of new IPC apron and gloves holders
- Neonatal thermometer holders to be fixed on to wall in room 3
- Replacement of cracked bath side panel in bathroom joined to Labour ward room 3
- Removal of all wall mounted fans
- Damaged poor condition cupboards removed from labour rooms and walls made good
- All wooden windows sills replaced with UPVC sills
- Installation of radiator covers
- Replacement of damaged and discoloured ceiling tiles
- All bathrooms deep cleaned and new mastic (temporary measure)
- Plastic ligature covers added to all pull lights and emergency call cords
- Installation of literature holders to be fixed on to the wall inside each labour room
- Install of stainless-steel corner protection to door frames down corridor and doors
- Dedicated locked Medical gas room created to store the gas cylinder safely in racking.

3.4.8.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
ALL IPS (integrated plumbing supply) to be fitted to all sinks	Infection Prevention Control	Must Do	Quote received 26.01 for £4,292.03 for LW & KG ( <i>to be raised on double lock form</i> )



Refit bathroom (remove old and install new); remove decommissioned (pipe) system	Infection Prevention Control	Must Do	Awaiting quote
Staff room: kitchen units and sink to be removed; Room to become storage room	self-assessment - Other	Must Do (Environment and Facilities)	Awaiting quote
Staff room: Toilet and sink to be removed;	self-assessment - Other	Must Do (Environment and Facilities)	Awaiting quote
Two walls in sluice to have hygiene-clad (area where linen skips bins macerator are situated.).	Infection Prevention Control	Must Do	Awaiting quote
Radiator covers	Infection Prevention Control	Must Do	Works start 29 January 24

### 3.4.9 MLU:

3.4.9.1 The MLU has had the following improvements made to date including:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Redecoration of areas that are poor condition
- New lock boxes fitted in all labouring rooms
- Installation of new IPC apron and gloves holders
- Removal of all wall mounted fans
- Installation of radiator covers
- Replacement of ceiling damaged ceiling tiles
- All bathrooms deep cleaned and new mastic
- Plastic ligature covers added to all pull lights and emergency call cords





3.4.9.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of works
Staff wellbeing room - Install kitchenette	self-assessment - Other	Must Do (Environment and Facilities)	Awaiting quote

### 3.4.10 Kingsgate Ward:

3.4.10.1 The following works have been completed within Kingsgate ward:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Full redecoration of the ward including repair to walls that are damaged / poor condition
- Additional plug sockets to allow equipment to charge and be ready to use
- keypad locks for 2 cupboards in the clinical room on
- Installation of new IPC apron and gloves holders
- Neonatal thermometer holders to be fixed on to wall in room 3
- Removal of all wall mounted fans
- All wooden windows sills replaced with UPVC sills
- Removal the cupboards and shelves currently adjacent to the sinks in each side room 2 to 9. Please also repair and redecorate the remaining space.
- Installation of radiator covers
- Replacement of ceiling damaged ceiling tiles
- All bathrooms deep cleaned and new mastic
- Plastic ligature covers added to all pull lights and emergency call cords
- phone line installed in room 9 (paediatric office)
- poor condition flooring and shelving replaced in linen room

3.4.10.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or other requirement	Linked to CQC Must or should do requirements	Status of works
Protective door guards either fallen off or broken require fixing or replacing	Infection Prevention Control	Must Do	Works start 29 January 24
Doors to be added to either side of connecting corridor on KG in order to create a storage space.	Patient Safety	Must Do	Discussion with Fire Lead if doable



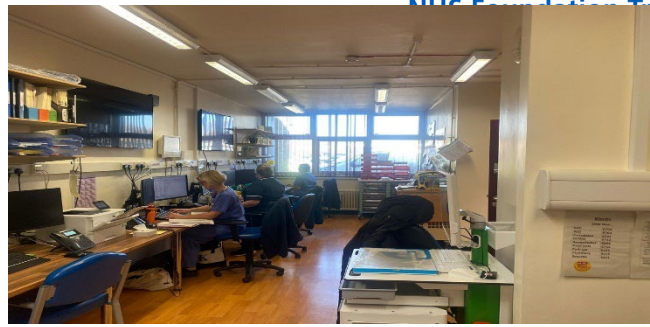
Storage space to be changed into a nurse's station space - High nurses' station to be added & IT works for computers	Patient Safety	Must Do	As above
Patient Shower - Hide the pipework visible on upper walls either by boxing in/installing a new lower ceiling. If a new false ceiling was installed – lighting would need to be moved/installed and smoke alarm moved/installed.	Infection Prevention Control	Must Do	Works start 29 January 24
ALL IPS (integrated plumbing supply) to be fitted to all sinks	Infection Prevention Control	Must Do	Quote received 26.01.24 for £4,292.03 for LW & KG <b>(to be raised on double lock form)</b>
Refurbish poor condition patient bathroom	Infection Prevention Control	Must Do	Quote received 22.01.24 for £13,863.23 <b>(to be raised on double lock form)</b>
Staff toilet and bathroom requires refurbishment	Self-assessment - Infection Prevention Control	Must Do	Awaiting quote

### 3.4.11 St Nicholas Suite /Triage:

3.4.11.1 The following works have been completed:

- A full declutter of noncompliant IPC furniture and irrelevant posters / pictures from the walls.
- Minor works including redecoration and installation of IT points and sockets as part of the triage room moves
- Full redecoration of the ward including repair to walls that are damaged / poor condition
- Installation of new IPC apron and gloves holders
- Replacement of patient toilet no longer cleanable
- Plastic ligature covers added to all pull lights and emergency call cords
- Store room redecorated, flooring and shelving replaced
- Poor condition in cleaner's cupboard replaced
- Removal of advertisement posters including baby TV in waiting area
- Full decoration of the reception lobby area
- Replacement of poor condition scanning room black out blinds
- Undercounter pull out keyboard/mouse tray installed to allow space for monitors on reception desk





3.4.11.2 The following works have yet to be completed which has been raised on the weekly environmental audit:

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of Works
SLUIICE. new floor to be installed; remove racking; IPS panel behind sink - reconfiguration	Infection Prevention Control	Must Do	Awaiting quote
A lock or Digi pad to be fitted on the door leading to the reception desk on St Nicholas suite.	Patient Safety	Must Do	Awaiting quote
Reflective film to be placed along the top row of windows (above rear access doors to garden area - adjacent to Kingsgate Ward - at ceiling height) to prevent the sun rays glaring through during the day, which is a Health and Safety issue causing difficulties for the medical / Triage clerks to see, and to see their PCs, clearly	Self Assessment - Staff welfare	Should Do	Awaiting quote
Patient toilet - replace very poor condition flooring and repaint walls (toilets have already been changed)	Infection Prevention Control	Must Do	Awaiting quote
Keypad lock installed to new post-natal	Patient Safety	Must Do	Works start 29 January 24



notes storage cupboard			
---------------------------	--	--	--

### 3.5 Kent & Canterbury Hospital (K&C):

#### 3.5.1 Day Care:

3.5.1.1 The Day care unit at K&C site has recently started to have improvements made following IPC walkarounds. The area is in very poor dated condition. There has not been any estates investment within this area for a long time. A number of works is required to make the area to an IPC compliant standard and become a warm, calming and welcoming atmosphere for women and birthing people coming for their out-patient appointments.

3.5.1.2 To date improvements have been made in clinic room 1 with the following works:

- Redecorating
- Removal of condemned call bell system and old thermometers from the walls.
- Removal of ligature risks - hooks
- Removal of dated damaged cabinets from when the area was open for birthing.
- The ensuite had tiles broken and the bath was in a poor condition. The tiles have been replaced and the bathroom has been redecorated and deep cleaned.
- Replacement damage skirting boards



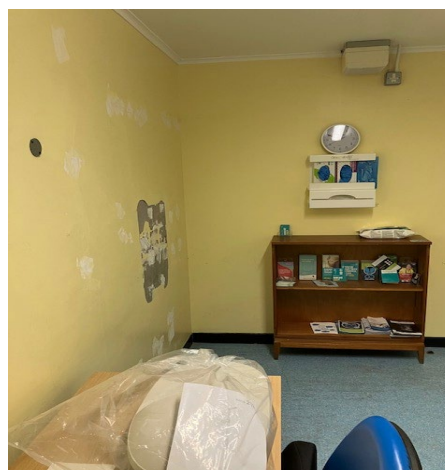
3.5.1.3 Works have also started on the two shower rooms that are within rooms converted into offices. These shower rooms had ceiling tiles missing/damaged due to leaks. Although the showers had been removed, the shower trays were still in situ and were damaged due to continuous leaks and debris from the ceiling. The tiles, walls and flooring are in a very poor condition. Estates have made the rooms as safe as possible (below photo's) as a temporary measure. A minor works form has been submitted for a quote to convert the rooms into storage spaces.





3.5.1.4 The following minor works have also commenced across the unit as immediate IPC request:

- Full declutter of unit including removal of old damaged furniture
- Removal of damage tiles on a wall where a sink was
- Removal of shelving situated above a couch
- Removal of non-IPC compliant wall cabinets
- Removal of all picture frames situated across the unit
- Removal of cork boards
- Removal of damaged shelving
- Removal of old call bell system
- Removal of broken blind
- Removal of curtain rail (not required)
- Removal of baby changing table from staff toilet and installed within patient toilet
- Redecoration of rooms and corridor
- Foliage around the unit has been cut back



3.5.1.5 The following minor works are yet to be completed:



works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements
Removal of dated damaged cabinets in all clinic rooms	Infection Prevention Control	Must Do
Redecorating of clinic rooms	Infection Prevention Control	Must Do
Removal of ceiling fans	Infection Prevention Control	Must Do
All windows to be cleaned inside and out	Infection Prevention Control	Must Do
Removal of wall fans	Infection Prevention Control	Must Do
Reflective film added to some windows to provide privacy and dignity in clinic rooms	Patient safety	Must Do
Installation of wall mounted IPC apron and glove holders	Infection Prevention Control	Must Do

3.5.1.5 The following works require contractor quotes due to more extensive works.

works request description	CQC/IPC/MNIP/H&S or Other requirement	Linked to CQC Must or should do requirements	Status of Works
SLUIICE. Full refurbishments	Infection Prevention Control	Must Do	Awaiting quote
All clinic room window require changing with UPVC glazing	Infection Prevention Control	Must Do	Awaiting quote
IPC compliant sinks in all clinic rooms	Infection Prevention Control	Must Do	Awaiting quote
New flooring in midwife's office	Infection Prevention Control	Must Do	Awaiting quote
Replace damaged skirting boards	Infection Prevention Control	Must Do	Awaiting quote
Key code lock required for emergency cupboard	Infection Prevention Control	Must Do	Awaiting quote
Convert poor condition staff shower into a changing cubicle	Infection Prevention Control	Must Do	Awaiting quote
Radiator taps needing capping in one clinic room where the radiator was removed	Infection Prevention Control	Must Do	Awaiting quote
Convert two shower rooms into storage	Infection Prevention Control	Must Do	Awaiting quote

### 3.6 Weekly environmental compliance audits:

#### 3.6.1 WHH:



3.6.1.1 In December 23 and to date in January 24 the environmental audits have shown a consistent Amber scoring across Folkestone and Delivery suite all relating to estates minor works and cleaning.

Metric	Frequency	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	04/01/2024	15/01/2024	19/01/2024
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Folkestone	Weekly	91%	92%	92%	93%	92%	90%	94%	93%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Labour Ward	Weekly	92%	91%	93%	92%	94%	91%	93%	94%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Triage	Weekly	96%	97%	94%	92%	91%	92%	96%	96%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: MLU	Weekly	N/a	N/A	93%	92%	91%	97%	96%	96%
<b>Target</b>	<b>Frequency</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>
Monthly Environmental Audit completed with IPC Lead	Monthly	N	N	Y	N	N	N	Y	Y
<b>Target</b>	<b>Frequency</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Daily Environmental checks: Pool cleans	Daily	100%	100%	100%	100%	100%	100%	100%	100%

3.6.1.2 Themes from the weekly audits are:

Folkestone Ward	Delivery suite (Labour ward)	Day Care / Triage	MLU
<ul style="list-style-type: none"> <li>Bathrooms - need renovation</li> <li>Worktop strip missing in nursery</li> <li>Ceiling tiles need replacing</li> <li>Sluice needs IPC station</li> <li>Shower rail needs replacing</li> <li>2 x bins broken</li> <li>Splashbacks non-IPC compliant</li> </ul>	<ul style="list-style-type: none"> <li>Switch needs replacing</li> <li>Floor in equipment dirty</li> <li>cupboard needs cleaning.</li> <li>Staff room untidy.</li> <li>Splashbacks non-IPC compliant</li> </ul>	<ul style="list-style-type: none"> <li>Clutter in cupboards,</li> <li>cleaning schedules not on display.</li> <li>Cleaning trollies left in corridors due to lack of storage</li> </ul>	<ul style="list-style-type: none"> <li>cleaning schedules not on display.</li> </ul>

3.6.2 **QEQM:**



3.6.2.1 In December 23 and to date January 24 the environmental audits have shown scoring of lower than 95% across the maternity areas all relating to estates minor works and cleaning standards.

Metric	Frequency	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	05/01/2024	15/01/2024	22/01/2024
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Kingsgate	Weekly	97%	97%	96%	95%	94%	95%	95%	
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>



Weekly Environmental Audit with 2SS: Labour Ward	Weekly	94%	95%	96%	95%	92%	95%	95%	93%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: Triage	Weekly	94%	94%	95%	94%	94%	94%	93%	93%
<b>Target</b>	<b>Frequency</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Weekly Environmental Audit with 2SS: MLU	Weekly	95%	95%	98%	97%	96%	96%	95%	96%
<b>Target</b>	<b>Frequency</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>
Monthly Environmental Audits with IPC Lead	Monthly	Y	Y	Y	Y	NO	NO	Yes	Yes
<b>Target</b>	<b>Frequency</b>	<b>100%</b>	<b>Y/N</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Daily Environmental checks: Pool cleans	Daily	100%	100%	100%	100%	100%	100%	100%	100%

3.6.2.2 Themes from the weekly audits are:

<b>Kingsgate ward</b>	<b>Labour ward</b>	<b>Day Care / Triage</b>
<ul style="list-style-type: none"> <li>• Patient and staff Bathrooms poor condition</li> <li>• Sluice poor condition</li> <li>• Protective door guards either fallen off or broken require fixing or replacing</li> </ul>	<ul style="list-style-type: none"> <li>• Two walls in sluice to have hygiene-clad</li> <li>• Patient and staff Bathrooms poor condition</li> </ul>	<ul style="list-style-type: none"> <li>• High level of dust on low levels/ patient lockers</li> <li>• Patient toilet flooring and walls: </li> <li>• Sluice – poor condition floor / wall and IPS panel behind sink – reconfiguration </li> </ul>

### 3.7 Conclusion

- 3.7.1 A systematic approach has already been implemented since the initial inspection and is embedded to ensure there is daily oversight to maintaining a safe environment across the maternity units at WHH and QEQM. This has supported escalation of issues highlighted through the weekly Stop the clock meetings. This has been part of the section 31 requirements and will continue in addressing the must and should do's within the CQC reports.
- 3.7.2 A number of improvements have been made across the maternity units with minor works including the reopening of Singleton Unit at WHH. This has led to a CQC Should Do requirement being closed. However, there is still works due to be completed that will support the achievement of compliance against the environmental audits.
- 3.7.3 Cleanliness of the wards/units is still a constant concern and is raised daily to 2gether. This again impacts on the environmental audit scores.





- 3.7.4 Larger estates works are progressing however until the completion of the new medication room, 2<sup>nd</sup> obstetric theatre, bereavement suite and WHH triage (waiting area) the Trust cannot declare compliance against Regulation 15: The trust must ensure the environment and facilities are improved to meet the needs of women and babies. (Regulation 15(1)(c)).



### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Maternity Information System (MIS) EuroKing (E3)  
**Meeting date:** 4 April 2024  
**Board sponsor:** Chief Nursing & Midwifery Officer  
**Paper Author:** Deputy Director of Midwifery (DDoM)/Digital Midwife

#### Executive summary:

<b>Action required:</b>	<b>Assurance</b>
<b>Purpose of the Report:</b>	<p>This paper intends to keep the board informed of the current status of our Maternity information system (MIS), following the National patient safety alert (NatPSA/2023/014/NHSPS) This system is called Euroking and is managed by Magentus.</p> <p><b>Background:</b>            There is back-copying of a number of answers in the Euroking System which alters some record entries previously input. For a number of questions, this is appropriate and useful, where the answer is unlikely to change such as blood group but some have also been found to be inappropriate. These represent risk to data quality, statistical analysis, CNST, clinical information accuracy and data used to inform patients.</p> <p><b>Current state:</b>            The amendments and additions can be seen in the auditing software but may be misleading to the front-end user. The audit trail offers some insight to what has happened when data has back-copied but is not detailed enough to offer full clarity of where the amendments have pulled from. Some reassurance around this was given to us by Magentus (see Appendix 1)</p> <p><b>Risk:</b>            Patients could be provided with incorrect information            Front end users with incorrect information            Emotional harm to service users            Physical harm appears low whilst legal harm to trust is potentially moderate to high.</p> <p><b>Example:</b></p>

## 24/13.1 – APPENDIX 5

	<p>Potential to backcopy procedures so appears to have taken place earlier in a pregnancy than it should have been such as cervical sweep. If safeguarding or risk is identified later in pregnancy it could pull data backwards appearing as though it was discovered at beginning of pregnancy and not actioned by midwife.</p> <p><b>Actions taken:</b>          Analysis of data dictionary          Discussions with Magentus as to what they can offer to fix/mitigate this.          Added to risk register, DATIX, discussions with CNIO, DDOM, Head of Midwifery (HOM), IT Director, CIS manager and the Local Maternity and Neonatal System (LMNS).</p> <p><b>Future plans:</b>          Assessment of the questions known/suspected to be affected and evaluate for controls available now, i.e. question amendment, staff education, system configuration.          Analysis of the workflows from data dictionary ongoing, this will guide the next steps. To eradicate all future risks all pregnancy and patient level questions would need to change to contact level. This will undoubtedly increase the clinician’s workload when entering data and then poses an additional risk that workflows will be left as incomplete.</p>
--	--

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	N/A
<b>Resource:</b>	Quote pending for fix from Magentus (no timeline at present and limited engagement)
<b>Legal and regulatory:</b>	25/01/2024 Trust submission to Information commissioner’s office (ICO) following request for information. National patient safety alert. Reference: NatPSA/2023/014/NHSPS Issued 7/12/2023 Deadline 07/06/2024.
<b>Subsidiary:</b>	No

### Assurance route:

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)



### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Listening to Women  
**Meeting date:** 4 April 2024  
**Board sponsor:** Chief Nursing & Midwifery Officer  
**Paper Author:** Deputy Director of Midwifery (DDoM)

#### Appendices:

None

#### Executive summary:

Action required:	Assurance
<b>Purpose of the Report:</b>	<p>The purpose of this report is:</p> <p>To provide progress against the Three-year delivery plan for maternity and neonatal services. This plan sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.</p> <p>To identify Key Priorities aligned to the Maternity and Neonatal Improvement programme Workstream 4 Listening.</p> <p>To demonstrate how maternity services are listening and responding to all women and families as an essential part of safe and high-quality care. It improves the safety and experience of those using maternity and neonatal services and helps address health inequalities.</p> <p>To demonstrate how Maternity and Neonatal Voice Partnership (MNVP) listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care.</p> <p>Provide an annual report providing details about themes of complaints, timeline of responding to complaints, numbers of complaints and compliments received, lessons learnt, and any actions as a result of feedback received.</p>

**24/13.1 – APPENDIX 6**

<p><b>Complaints Summary</b></p>	<p>During the period of January 2023 to December 2023 Maternity services received a total of 105 complaints. Within this period a total of 5624 women gave birth.</p> <p>Themes identified in this period</p> <ul style="list-style-type: none"> <li>• Lack of debrief following unexpected outcomes</li> <li>• Consent</li> <li>• Postnatal Wards - Busy, Noisy, Understaffed</li> <li>• Discharge process</li> <li>• Delayed/Inadequate pain relief</li> <li>• Staff attitude/behaviours</li> <li>• Day-care/Triage - Wait times, facilities</li> </ul> <p>Actions taken in 2023</p> <ul style="list-style-type: none"> <li>• New role of Women’s Health (WH) Complaint Coordinator created, and Jessica Elms started in post in March 2023</li> <li>• Dedication to reducing the backlog of open complaints, which has been achieved by the Care Group with Sprint days &amp; Consultant Lead to allocate cases</li> <li>• Focussed effort to improve the quality of written responses with more compassionate language and investigation evidence</li> <li>• Increased engagement with Senior Staff, through weekly Huddles and <b>'Sharing the impact'</b> monthly</li> <li>• Over 15 Local Resolution Meetings supported for women and families throughout 2023</li> <li>• New streamlined process of triaging inbound complaints, including scanning notes for quick electronic shared Multi-Disciplinary Team (MDT) access to improve response rate</li> <li>• Several Standard Operating Procedures (SOPs) and Guideline changes supported by feedback from complaints.</li> <li>• Introduction of E-card compliments</li> </ul> <p>Actions for 2024</p> <ul style="list-style-type: none"> <li>• Development of Digital Patient stories to share at Care Group meetings and mandatory training sessions.</li> <li>• Consent training</li> <li>• Increased MNVP hours (recruitment of co-chair)</li> <li>• 15 steps</li> </ul>
<p><b>Your Voice is Heard</b></p>	<p><b>January 2023-December 2023 User feedback from Your Voice is Heard (YVIH)</b></p> <p><b>Themes identified</b></p> <p>Themes identified from conversations in YVIH, Friends and Family Test (FFT), Maternity and Neonatal Voice Partnership walk the patch and other feedback through services such as Birth After Thoughts, include:</p> <ul style="list-style-type: none"> <li>• Lack of continuity of care with community midwives and doctors, leading to a lack of communication and handover of care, which can make patients feel like they are repeating their history.</li> </ul>

- Insufficient support for birthing partners, particularly in terms of eating, drinking, sleeping, and self-care.
- Absence of a toilet in the labour ward for birthing partners, requiring them to leave the ward and potentially experiencing delays in readmission.
- Quality of treatment on the postnatal ward.
- Delayed discharges.
- Difficulty in contacting community midwives via text/phone and receiving a response.
- Antenatal appointments being perceived as a tick box exercise rather than personalised care.
- Lack of antenatal classes provided.
- Conflicting information regarding infant feeding.
- Concerns about care provided by agency staff, especially at night on the postnatal ward.
- Noise levels and quality of care in the wards at night.
- Limited access to midwifery-led units (MLUs) and waterbirths.
- Limited access to homebirths or insufficient promotion of this option.
- Feeling unheard, particularly on the labour ward during induction of labour or triage when in labour, leading to inadequate pain relief.

These themes highlight areas where improvements can be made to enhance the overall experience and outcomes for patients.

**Actions as a result of feedback received.**

Over the past year, several improvements have been made based on feedback from maternity patients. These improvements include

- Offering hot drinks to both patients and birthing partners, providing snack bags for birthing partners upon request.
- Implementing regular medication rounds on postnatal wards.
- Reopening the MLU at William Harvey Hospital (WHH).
- Creating dedicated midwife stations in two bays for increased visibility
- Offering a family bathroom for birthing partners to shower.
- Introducing generic emails for community teams to facilitate communication with midwives
- Facilitation of listening events for families and staff regarding antenatal education.
- Enhancing and coproducing patient information leaflets.
- Collecting and documenting family stories for staff training.
- Redecorating wards.
- Establishing a discharge working group to improve discharge timings.

In addition, there are ongoing developments for 2024 such as

- Co-producing antenatal education.
- Creating a postnatal booklet for families.
- Enhancing the labour room environment.
- Relocation of twinkling stars and expand the triage space.
- Assessment of laborers on the labour ward instead of triage (to be implemented in January).

## 24/13.1 – APPENDIX 6

	<p>These initiatives aim to enhance the overall maternity care experience and address various aspects of patient needs and comfort.</p> <p><b>Compliments received</b></p> <p>A total of 2,911 staff complementary emails were sent out to staff members based on feedback received from YVIH between January 2023 and December 2023. These emails were distributed to a diverse range of staff members, including but not limited to anaesthetists, doctors, midwives, agency staff, nurses, paramedics, housekeepers, specialist teams, paediatricians, student midwives, and health visitors. Additionally, we have acknowledged staff members mentioned in the FFT by printing out FFT posters and emailing them the quotes, with consent, to the respective staff members.</p>
--	---

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"><li>• Patients</li><li>• Quality and Safety</li></ul>
----------------------------------	---

### Assurance route:

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)



### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Obstetric Medical Workforce Paper

**Meeting date:** 4 April 2024

**Board sponsor:** Chief Nursing & Midwifery Officer and Executive Board maternity and Neonatal Safety Champion

**Paper Author:** Associate Medical Director – Women’s Health

#### Appendices:

None

#### Executive summary:

Action required:	Assurance
<b>Purpose of the Report:</b>	The purpose of this report is to provide an update to the Board of Directors in relation to the obstetric workforce across the maternity services for East Kent.
<b>Summary of key issues:</b>	<p>Despite consultant expansion over the last five years, there remains a shortfall. This shortfall was identified in early 2023 by NHS England (NHSE) when they undertook some mapping work to align current job plans with activity.</p> <p>Activity has increased over the last 18 months, in part due to requirement for the maternity triage to be covered by a senior clinician as well as clinical concerns requiring increased medical cover at the weekends. There are increasing demands for additional roles such as governance and complaints as well as other lead roles including maternal medicine, fetal monitoring, simulation and training. There is also increasing demand for antenatal clinics due to increasing complexity of the population requiring obstetric led care. The increased medical cover at the weekends has been achieved with changes to the middle grades work schedules which has resulted in zero days during the week with loss of elective activity.</p> <p>There remain ongoing challenges in terms of recruitment and rota gaps for the consultant workforce, which is now beginning to add strain to the ability of the team to support compliance for mandatory training especially aligned to Practical Obstetric Multi-Professional Training (PROMPT).</p>



<b>Key recommendations:</b>	<p>The Board of Directors is asked to <b>NOTE</b> the report and a review of the sustainable model for the obstetric workforce has taken place. This has resulted in a number of actions including:</p> <ol style="list-style-type: none"> <li>1) A review of the 24 hour consultant on call rota at the William Harvey Hospital (WHH). This has led to a change to the 24 hour on call rota at WHH which started in January 2024.</li> <li>2) On-going work on the business case for four additional middle grades (trainees). (Required discussion with Kent, Surrey and Sussex (KSS)) This will facilitate the development of a two tier on call rota for the WHH.</li> <li>3) Development of a new 'Portfolio pathway to specialist register (CESR) post as part of the 'growing our own' initiative.</li> <li>4) Changing a traditional consultant post which has not been recruited to into a specialist grade post.</li> </ol>
-----------------------------	---

#### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	<p><b>CRR 77:</b> Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services.  <b>CRR 123:</b> There is a risk of inadequate medical staffing levels and skills mix to meet patients' needs.</p>
<b>Resource:</b>	<p>N</p>
<b>Legal and regulatory:</b>	<p>Y - Clinical Negligence Scheme for Trusts (CNST), NHS Long Term Plan-standard contract.</p>
<b>Subsidiary:</b>	<p>N</p>

#### Assurance route:

Previously considered by: Maternity and Neonatal Assurance Group



## Obstetric Medical Workforce Paper

---

### 1. Purpose of the report

- 1.1 The purpose of this report is to provide an update to the Board of Directors in relation to the obstetric medical workforce across the maternity services for East Kent.

### 2. Background

- 2.1 Despite consultant expansion over the last five years, there remains a shortfall.
- 2.2 This shortfall was identified in early 2023 by NHSE when they undertook some mapping work to align current job plans with activity
- 2.3 Activity has increased over the last 18 months, in part due to requirement for the maternity triage to be covered by a senior clinician as well as clinical concerns requiring increased medical cover at the weekends. This increased cover at the weekends has been achieved with changes to the middle grades work schedules. There are increasing demands for additional roles such as governance and complaints as well as other lead roles including maternal medicine, fetal monitoring, simulation and training. There is also increasing demand for antenatal clinics due to increasing complexity of the population requiring obstetric led care.
- 2.4 The increased medical cover at the weekends has been achieved with changes to the middle grades work schedules which has resulted in zero days during the week with loss of elective activity.
- 2.5 A number of actions have been completed to meet compliance against safety actions 4 in relation to obstetric work force including the implementation of a guideline describing the expectations, roles and responsibilities of consultants when operating a model in-resident and non-resident shifts. Including the clinical situations listed in the Royal College of Obstetricians (RCOG) workforce document to within the guideline to refer when a consultant should be present.
- 2.6 There remain ongoing challenges in terms of recruitment and rota gaps for the consultant workforce, which is now beginning to add strain to the ability of the team to support compliance for mandatory training especially aligned to PROMPT.

### 3. Consultant Establishment

- 3.1 The feedback from the review by NHSE aligned to the current obstetric workforce model, is that there may need to be additional consultant posts, at this point estimated at eight Whole Time Equivalent (WTE).



- 3.2** The 24-hour onsite presence for the WHH changed in January 2024. There will be a close review of outcome data and activity will be monitored with diary cards.
- 3.3** The rota change means that the consultants will undertake a twilight on call pattern similar to Queen Elizabeth the Queen Mother Hospital (QEQM). They are however resident until midnight 7 days a week and then on call from home. This change will allow the elective work to increase from 33 to 39 weeks a year and will also reduce the PAs allocated to the on call component of the job plan which has allowed further activity such as covering triage and section lists to be job planned.
- 3.4** At QEQM there is an increasing risk due to the number of consultant obstetric vacancies (three WTE), combined with the added pressure of consultants who are not undertaking the full on-call commitment due to partial retirement, as well as management responsibilities.
- 3.5** Recruitment is in progress for the consultant posts, and a financial incentive has been applied to the QEQM posts, and this initially attracted a number of excellent applicants.
- 3.6** Interviews from 25 May 2023 were successful in recruiting into two of these posts. Further interviews in August, November and January were unsuccessful. Different recruitment options are being discussed.
- 3.7** There is one WTE vacancy at the WHH, which is being recruited to. (Unsuccessful interview in August to fill this post. Interview on 9.2.24).
- 3.8** Middle grade vacancies are now less of a challenge.
- 3.9** The ongoing shortages across the obstetric workforce may potentially impact on the compliance with PROMPT training moving forward, both in terms of delivery as well as participation.

#### **4. CNST Safety Action 4**

- 4.1** Neither unit has employed a short-term locum over the last year.
- 4.2** If there was a need to employ a short-term locum an up to date guideline for this is on policy centre and includes the need for a certificate of eligibility as per the RCOG guidance.
- 4.3** Our long-term locums all have a formal induction which is in line with the RCOG requirements. We have an audit showing this evidence for this group of doctors.
- 4.4** The job plans are set up such that we have no clinical duties the day after our twilight / night on call. We can evidence this with the rota.
- 4.5** Regarding consultant attendance when on call, we prospectively complete a datix if / when this occurs and discuss at MNAG. We have only had 1 occasion over the last 24 months where the consultant did not answer their phone. This was investigated and no additional actions were needed. (discussed at MNAG).

#### **5. Recommendations**



- 5.1** To closely monitor the change to the 24 hour on call rota at WHH which started in January 2024 following the review of sustainable model for the obstetric workforce, taking the NHSE job planning exercise into consideration.
- 5.2** Support from recruitment in progressing recruitment following offer in keeping candidates engaged and less inclined to withdraw from process. This could include: introductory meetings with teams, visit site (pre and post if successful at interview), head hunting, attending national trainees conference in May 2024. Provide information on local attractions and areas if candidates are moving including estate agency information and any further support in relocating family.
- 5.3** Full impact assessment on Gynae elective activity if job plans are required to be altered to provide consultant delivered care in triage, section lists and on calls, as well as provide additional roles to support faculty compliance for PROMPT.
- 6. Conclusion**
- 6.1** The consultant workforce numbers and model cannot currently meet the needs of the service to ensure senior obstetric oversight to key areas consistently, without the additional sessions outside of job planned activity.
- 6.2** Further discussions have taken place around the sustainable model for the obstetric workforce, taking the NHSE job planning exercise into consideration. This has resulted in the change to the 24 hour on call rota at WHH which started in January 2024.
- 6.3** Even if all our consultant vacancies are filled, we will still be unable to provide consultant delivered care in triage, section lists and on calls. This has a negative impact on our elective gynae work and other areas such as additional roles and mandatory training.



### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Small Steps Bereavement Team – One Year Update

**Meeting date:** 4 April 2024

**Board sponsor:** Chief Nursing and Midwifery Officer

**Paper Author:** Head of Midwifery Queen Elizabeth the Queen Mother Hospital (QEQM) and Community Services

#### Appendices:

#### Appendix 1: Bereavement One Year On Update

#### Executive summary:

<b>Action required:</b>	<b>Assurance</b>
<b>Purpose of the Report:</b>	The paper is brought to the Board for information around the quality, safety and performance of the community midwifery services in East Kent Hospitals.
<b>Summary of key issues:</b>	<p>The Small Steps Bereavement team was launched in March 2023. The team was launched following a co-produced project team which included 27+ women and families.</p> <p>The team was recruited by bereaved families – the job descriptions (JDs) were developed and approved by the bereavement steering group. The panel members donated their time and utilised their lived experiences.</p> <p>In 2023 East Kent adopted the National Bereavement Care Pathway</p>



	<div data-bbox="539 331 638 407" data-label="Image"> </div> <div data-bbox="820 315 1251 360" data-label="Section-Header"> <h3>Bereavement Care standards</h3> </div> <div data-bbox="603 421 1428 952" data-label="Diagram"> </div> <div data-bbox="421 1003 1485 1227" data-label="Text"> <p>We utilised their experiences, thoughts and visions for the future of bereavement services within East Kent and mapped against the National Bereavement Care Pathway. We continue to use bereaved family’s experiences to make continuous changes to our bereavement services. We have a bereaved mum in the team reviewing and developing the plans for the new bereavement suite at the William Harvey Hospital (WHH).</p> </div> <div data-bbox="469 1234 1485 1429" data-label="List-Group"> <ul style="list-style-type: none"> <li>• Bereaved women and their families are offered pure continuity of care. during their subsequent pregnancy – antenatal, intrapartum and postnatal care.</li> <li>• The current caseload is &gt;50 women.</li> <li>• 31 women have birthed their rainbow babies.</li> </ul> </div> <div data-bbox="421 1469 1485 1621" data-label="Text"> <p>Any woman who has experienced a loss during their pregnancy or in the postnatal period have immediate access to a specialist bereavement midwife. The bereavement midwife will provide continuity of care and support the family for as long as required.</p> </div> <div data-bbox="421 1662 1485 1738" data-label="Text"> <p>We have trained 25 bereavement champions across gynaecology and maternity – in year two we will continue this training and grow our champions.</p> </div> <div data-bbox="421 1778 1485 1854" data-label="Text"> <p>New guideline has been developed and ratified – this was reviewed and approved by bereaved families.</p> </div> <div data-bbox="421 1895 783 1928" data-label="Text"> <p>Plans for the future include:</p> </div>
--	---



	<ul style="list-style-type: none"> <li>Continued roll out of the bereavement champions</li> <li>Bereavement suite development at the WHH</li> <li>Post-mortem dedicated training – to ensure there is at least one midwife/doctor on every shift who is able to discuss and consent families for post-mortems</li> <li>Develop, enhance and improve bereavement care in early pregnancy</li> <li>Share our success</li> </ul>
<b>Key recommendations:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li><b>DISCUSS</b> the contents of this report and;</li> <li><b>NOTE</b> the key risks;</li> <li>Receive <b>ASSURANCE</b> and <b>NOTE</b> that a full maternity dashboard and safety review has been completed and continues to be monitored by the senior maternity team.</li> </ul>

#### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>Patients</li> <li>Quality and Safety</li> </ul>
<b>Link to the Trust Risk Register:</b>	CRR 77: Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services.
<b>Resource:</b>	Yes.
<b>Legal and regulatory:</b>	Yes. NHS Resolutions (NHSR), Clinical Negligence Scheme for Trusts (CNST), Ockenden 1, Ockenden 2 Final and National Quality Board (NQB)
<b>Subsidiary:</b>	No

#### Assurance route:

Previously considered by: Maternity and Neonatal Assurance Group (MNAG)





**Small Steps Bereavement Pathway –  
One Year On.....**

**BOARD OF DIRECTORS**

**Hannah Horne  
Head of Midwifery and Gynaecology**

# Maternity and Neonatal Improvement Programme



East Kent  
Hospitals University  
NHS Foundation Trust  
Maternity Services

## Background:

- In July 2022 our Head of Midwifery led a project to improve maternity bereavement services within East Kent. From the beginning of the project 27 bereaved women/families have worked with us to map bereavement services by sharing their stories and making recommendations. This is a true co-produced piece of work and is led by the families for families.
- We have also worked with a local and national bereavement charity. The local charity has supported the project by providing well-being and self-care bags to bereaved families, funded through their National Lottery grant.
- Bereavement Steering group established
- All job descriptions sent to the steering group for comment
- Job interviews for new roles will include bereaved families
- Links with Trust bereavement services to improve communication and share good practice.



**TRUST NEWS**  
Your weekly round-up of EKHUFT news

East Kent  
Hospitals University  
NHS Foundation Trust

People feel **cared for, safe, respected**  
and confident we are **making a difference**

24 March 2023

**Our patients**

## Small Steps bereavement midwifery team launched

**The new specialist maternity bereavement team**

A new specialist bereavement midwifery team has been launched at the Trust this week, to provide sensitive care to parents and their families following the death of a baby.

The launch event for the 'Small Steps' team was opened by chief nursing and midwifery officer and deputy CEO, Sarah Shingler and attendees included local families who have sadly lost a baby, who were able to feedback to the team and tell their story.

The team is part of the hospital's commitment to the National Bereavement Care Pathway for pregnancy and baby loss backed by Sands, the stillbirth and neonatal death charity. This pioneering project aims to improve the overall quality of bereavement care for parents and families whose baby has died before, during or shortly after birth.

Hannah Home, head of midwifery and gynaecology at QEOM hospital, said: "The care that parents receive following a loss cannot reduce their grief, but our main role as bereavement midwives is to support families during this very difficult experience. We are here to support them in remembering and honouring their baby and help guide them through the difficult requirements following such a devastating loss.

"Families will often meet a lot of staff during their time at the hospital, which can be overwhelming, so we act as the point of contact between families and the hospital. We also ensure that families receive the support and care they may need after they go home. Families can always contact us and we also signpost them to all the amazing bereavement charities out there."

Representatives from Sands were also there to provide further information as well as DA Languages, who will provide full accessibility and translation services to ensure all families understand the information they receive following their baby's death.

The team will also care for women who are subsequently pregnant following the death of a baby. The pathway provides continuity of carer and some, often much-needed, additional emotional support for women and families.

**Join us for the next all-staff forum**

The next all-staff forum and webinar will take place on Monday 27 March, at 11.30am in the conference room, in the education centre at WHH, and via Webex.

This month's topic is the staff survey results, and Chief Executive Tracey Fletcher and members of the Executive Team are looking forward to hearing your views on the staff survey and how we can improve the experience of colleagues across the Trust.

**We care**

@EKHUFT @EKHUFT /EastKentHospitals

## MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME

*Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care*



## Bereavement Care standards



# Maternity and Neonatal Improvement Programme



East Kent  
Hospitals University  
NHS Foundation Trust  
Maternity Services

## Small Steps Bereavement Team:



- Stacey Parker – Band 7 Bereavement Midwife WHH
- Amy Barnes – Band 6 Bereavement Midwife WHH
- Leanne Davidson – Band 7 Bereavement Midwife QEQM
- Emma Barritt – Band 6 Bereavement Midwife QEQM
- Beckie Berger – Band 4 Bereavement Support
- Emma Parkin – Band 7 – PMRT Lead Midwife

**TRUST NEWS**  
Your weekly round-up of EKHUFT news

East Kent  
Hospitals University  
NHS Foundation Trust

24 March 2023

Our patients

### Small Steps bereavement midwifery team launched

of contact between families and the hospital. We also ensure that families receive the support and care they may need after they go home. Families can always contact us and we also signpost them to all the amazing bereavement charities out there."

Representatives from Sands were also there to provide further information as well as DA Languages, who will provide full accessibility and translation services to ensure all families understand the information they receive following their baby's death.

The team will also care for women who are subsequently pregnant following the death of a baby. The pathway provides continuity of care and some, often much-needed, additional emotional support for women and families.

**The new specialist maternity bereavement team**

A new specialist bereavement midwifery team has been launched at the Trust this week, to provide sensitive care to parents and their families following the death of a baby.

The launch event for the 'Small Steps' team was opened by chief nursing and midwifery officer and deputy CEO, Sarah Shingler and attendees included local families who have sadly lost a baby, who were able to feedback to the team and tell their story.

The team is part of the hospital's commitment to the National Bereavement Care Pathway for pregnancy and baby loss backed by Sands, the stillbirth and neonatal death charity. This pioneering project aims to improve the overall quality of bereavement care for parents and families whose baby has died before, during or shortly after birth.

Hannah Horne, head of midwifery and gynaecology at QEQM hospital, said: "The care that parents receive following a loss cannot reduce their grief, but our main role as bereavement midwives is to support families during this very difficult experience. We are here to support them in remembering and honouring their baby and help guide them through the difficult requirements following such a devastating loss.

"Families will often meet a lot of staff during their time at the hospital, which can be overwhelming, so we act as the point

**Join us for the next all-staff forum**

The next all-staff forum and webinar will take place on Monday 27 March, at 11:30am in the conference room, in the education centre at WHH, and via Webex.

This month's topic is the staff survey results, and Chief Executive Tracey Fletcher and members of the Executive Team are looking forward to hearing your views on the staff survey and how we can improve the experience of colleagues across the Trust.

We care

@EKHUFT @EKHUFT #EastKentHospitals

**MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME**

*Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care*

# Maternity and Neonatal Improvement Programme



East Kent  
Hospitals University  
NHS Foundation Trust  
Maternity Services

## Training:

- The Small Steps team have pioneered the role of the bereavement midwives in East Kent – they have attended local and national training.
- They are currently training to enable them to offer dedicated post mortem support for families – they will also be able to gain consent for PM examinations – which is directly linked to the National Bereavement Care Pathway.
- Dedicated training from a retired independent midwife – on supporting families on a continuity of career pathway – whilst maintaining a work/life balance
- Bereavement care in mandatory training for all staff.



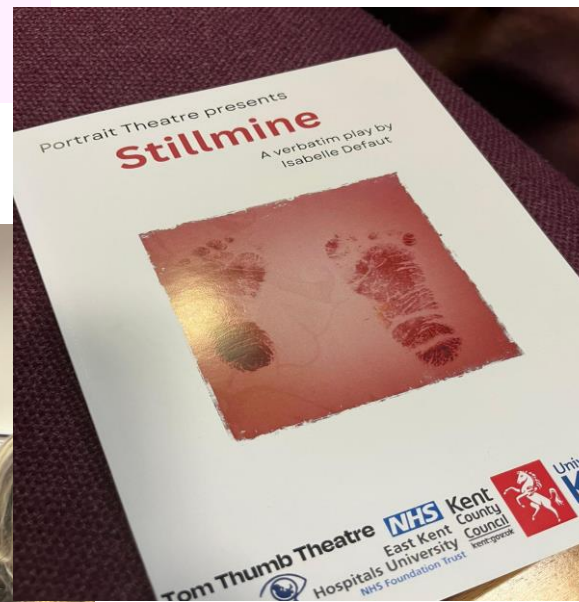
## MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME

*Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care*

# Maternity and Neonatal Improvement Programme

## Baby Loss Awareness Week 2023:

- A local bereaved mother and member of the bereavement steering group wrote a play sharing the experiences of bereaved families in East Kent. This was a powerful and moving play which she shared exclusively with East Kent.
- This was a unique and moving way to remember the babies and families
- Bereaved families and staff attended.
- There was not a dry eye in the room



**MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME**

*Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care*

# Maternity and Neonatal Improvement Programme

## Rainbow Babies.....

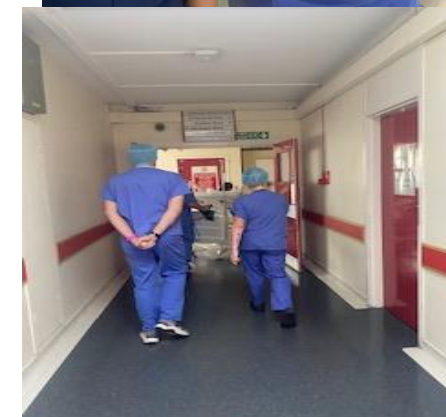
In the last year we have welcomed 31 rainbow babies.

The Small Steps team have provided pure continuity of care.

The current caseloads are in excess of 50 women and families who are being supported through their loss or current pregnancy.



**NHS**  
East Kent  
Hospitals University  
NHS Foundation Trust  
Maternity Services



## MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME

Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care

# Maternity and Neonatal Improvement Programme

## Collaboratively Supporting Families:

The Small Steps Team have continued to work with bereaved families to make continuous changes to the bereavement services in East Kent.

- Sibling bags developed with the charity 4Louis
- Bereaved families continue to donate
- SANDS Dads football team
- Bereavement garden at QEQM
- Your Voice is Heard – dedicated bereavement feedback

Niamh Rose Banks

2 h · 🌐

Today we stopped by to see our wonderful bereavement midwife and drop some more Kai's Kozees kits and bereavement items 🥰💕💕  
If you'd of told me I could stand next to the twinkling suite where we had our final days with our baby boy and be strong and brave, I would think you were mad 💕💕



## MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME

*Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care*



# Maternity and Neonatal Improvement Programme



East Kent  
Hospitals University  
NHS Foundation Trust  
Maternity Services

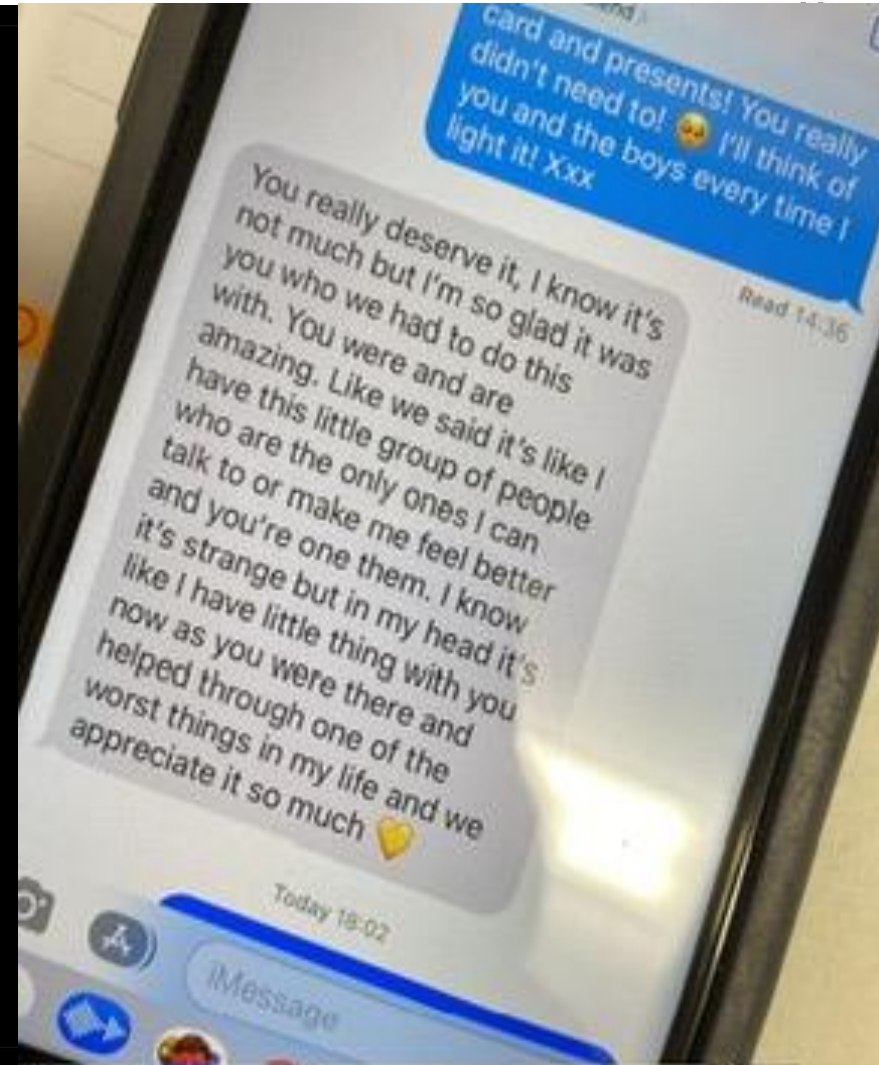
The voice of women  
and families :

My friend, my rock and my midwife Emma. On the 11th November 2022, you held my hand and stayed by my side for the labour of my son, my angel baby- Oliver 🍼💙. On that day although I was ever so grateful to you for the support and care you gave me. I never fully appreciated at the time the type of person it takes to guide and support a birth for parents who are having to say goodbye to their baby. That type of strength and love is not something we are all capable of and you give that to every family you meet. You are rare, a one in a million. You walked through fire with me and never left and there are no words that can ever thank you enough for that 💕

In April 2023 I fell pregnant with my rainbow baby George 🌈. The 9 months of carrying George felt like a lifetime. A lifetime of worry, anxiety and hope. However I was lucky to have you apart of this journey with me. You have been my only constant during that time. You are the person who kept me going, gave me strength and hope through all the testing/results, scans and appointments. You are the kindest person I have ever met. You want to help people and make a difference and that is exactly what you do!

You have held my hand and helped me birth both my boys 💙💙. You have been there at the worst and best moments of my life and you will always be so so special to me 💕 You are a beautiful person, thank you for everything x

10 hours ago



**MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME**

*Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care*

# Maternity and Neonatal Improvement Programme



East Kent  
Hospitals University  
NHS Foundation Trust  
Maternity Services

## Celebrating Success:

- The Small Steps team have received local, regional and national award nominations – these include:
  - Bereavement midwife of the year
  - Outstanding contribution to bereavement services
  - Support worker of the year
  - Team of the year
  - Numerous EPIC awards



## MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME

Empowering our staff to work with women and their families to make a difference in outcomes for maternity and neonatal care

**Thank you.....**